

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

WOMEN SPEAK OUT PAC

ADDRESS (number and street)

2800 Shirlington Rd

Suite 1200



Check if different than previously reported. (ACC)

Arlington

VA

22206

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00530766

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M / D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y Y Y

through

M M / D D / Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Gross, Jennifer, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
OnlyFEC FORM 3X  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		15		2020

To:

M M	/	D D	/	Y Y Y Y Y
11		23		2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2020</td></tr></table>	Y	Y	Y	Y	Y	2020						<table><tr><td colspan="5">1080829.04</td></tr></table>	1080829.04				
Y	Y	Y	Y	Y													
2020																	
1080829.04																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">1567892.42</td></tr></table>	1567892.42															
1567892.42																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">5109031.42</td></tr></table>	5109031.42					<table><tr><td colspan="5">14389379.16</td></tr></table>	14389379.16									
5109031.42																	
14389379.16																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">6676923.84</td></tr></table>	6676923.84					<table><tr><td colspan="5">15470208.20</td></tr></table>	15470208.20									
6676923.84																	
15470208.20																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">3411966.79</td></tr></table>	3411966.79					<table><tr><td colspan="5">12205251.15</td></tr></table>	12205251.15									
3411966.79																	
12205251.15																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">3264957.05</td></tr></table>	3264957.05					<table><tr><td colspan="5">3264957.05</td></tr></table>	3264957.05									
3264957.05																	
3264957.05																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">125718.02</td></tr></table>	125718.02															
125718.02																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**WOMEN SPEAK OUT PAC**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	2	0

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	3		2	0	2	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4403795.46	13027474.58
(ii) Unitemized .....	138571.92	300153.01
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4542367.38	13327627.59
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	383018.00	790363.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	4925385.38	14117990.59
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	183643.45	245504.35
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	2.59	25884.22
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	5109031.42	14389379.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5109031.42	14389379.16

# **DETAILED SUMMARY PAGE** of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	- 209633.42	1287637.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	- 209633.42	1287637.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	100000.00
24. Independent Expenditures (use Schedule E) .....	3555465.23	10441994.74
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	40.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	40.00
29. Other Disbursements (Including Non-Federal Donations).....	66134.98	375578.72
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3411966.79	12205251.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3411966.79	12205251.15

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4925385.38	14117990.59
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	40.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4925385.38	14117950.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	- 209633.42	1287637.69
37. Offsets to Operating Expenditures (from Line 15, page 3).....	183643.45	245504.35
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	- 393276.87	1042133.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 308

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Aarseth, Joanne, , ,

Mailing Address 8250 Westpark Drive Apt. 367

City  
McLean

State  
VA

Zip Code  
22102-3164

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Freddie Mac

Occupation (for Individual)

Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2020

Transaction ID : SA11AI.24411

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Aarseth, Joanne, , ,

Mailing Address 8250 Westpark Drive Apt. 367

City  
McLean

State  
VA

Zip Code  
22102-3164

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Freddie Mac

Occupation (for Individual)

Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2020

Transaction ID : SA11AI.25574

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Aarseth, Joanne, , ,

Mailing Address 8250 Westpark Drive Apt. 367

City  
McLean

State  
VA

Zip Code  
22102-3164

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Freddie Mac

Occupation (for Individual)

Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 23 / 2020

Transaction ID : SA11AI.29939

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1800.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 308

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ahearn, Diane Kienast, , ,

Mailing Address 6008 Loganwood Dr

City  
RockvilleState  
MDZip Code  
20852-3458FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best effortsOccupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1085.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2020

Transaction ID : SA11AI.24531

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ahearn, Diane Kienast, , ,

Mailing Address 6008 Loganwood Dr

City  
RockvilleState  
MDZip Code  
20852-3458FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best effortsOccupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2020

Transaction ID : SA11AI.26580

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Allibone, George, , ,

Mailing Address 3749 Inwood Drive

City  
HoustonState  
TXZip Code  
77019FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2020

Transaction ID : SA11AI.28946

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

170.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 308

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Alvarado, Rosa, , ,**

Mailing Address 14785 VELVET st

City  
Chino Hills

State  
CA

Zip Code  
91709-2068

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2020

Transaction ID : SA11AI.26988

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Anderson, Craig, D., ,**

Mailing Address 3593 Calvin Avenue

City  
San Jose

State  
CA

Zip Code  
95124-2548

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 11 / 2020

Transaction ID : SA11AI.28330

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Anon, Pro-Life Friend, Friend F., ,**

Mailing Address P.O. Box 7075

City  
Merrifield

State  
VA

Zip Code  
22116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Homemaker

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2020

Transaction ID : SA11AI.26632

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 308

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Anon, Pro-Life Friend, Friend F., ,

Mailing Address P.O. Box 7075

City  
MerrifieldState  
VAZip Code  
22116FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HomemakerOccupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2020

Transaction ID : SA11AI.26645

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Armany, Jean, , ,

Mailing Address 101 Marian Ave

City  
GlenshawState  
PAZip Code  
15116-1440FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retiredOccupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2020

Transaction ID : SA11AI.24413

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Armstrong, Mark, , ,

Mailing Address PO Box 56

City  
HarrisvilleState  
NHZip Code  
03450-0056FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mark Armstrong IllustrationOccupation (for Individual)  
Illustrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2020

Transaction ID : SA11AI.28191

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1300.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 308

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Aultman, Kathi, , ,**

Mailing Address 1469 Winfred Drive East

City

Orange Park

State

FL

Zip Code

32073

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 21 / 2020

**Transaction ID : SA11AI.29696**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bachelder, Cheryl, , ,**

Mailing Address 1194 Brookgate Way Northeast

City

Atlanta

State

GA

Zip Code

30319-2877

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2020

**Transaction ID : SA11AI.25379**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bakke, Eileen, , ,**

Mailing Address 2811 24th Street North

City

Arlington

State

VA

Zip Code

22207-4912

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2020

**Transaction ID : SA11AI.25642**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

11000.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 308

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bakke, Eileen, , ,**

Mailing Address 2811 24th Street North

City  
Arlington

State  
VA

Zip Code  
22207-4912

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2020

Transaction ID : SA11AI.27271

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Balik, Suzanne, , ,**

Mailing Address 102 Beaujolais Court

City  
Cary

State  
NC

Zip Code  
27511-6686

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2020

Transaction ID : SA11AI.23849

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Balk, Suzanne, , ,**

Mailing Address 102 Beaujolais Court

City  
Cary

State  
NC

Zip Code  
27511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NC State

Occupation (for Individual)  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 14 / 2020

Transaction ID : SA11AI.29136

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

11200.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Barham, Mona &amp; Bart, , ,

Mailing Address 135 Via Mariposa

City

Palm Beach Gardens

State

FL

Zip Code

33418-6211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2020

Transaction ID : SA11AI.29022

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Barrosse, Ellen, , ,

Mailing Address 1215 Barley Mill Road

City

Wilmington

State

DE

Zip Code

19807-2225

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Synchrogenix Information Strategies

Occupation (for Individual)

Founder and Chief Executive Officer

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2020

Transaction ID : SA11AI.29023

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Barry, John, J., ,

Mailing Address 52 Waldemar Avenue

City

Boston

State

MA

Zip Code

02128-1034

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

US Postal Service

Occupation (for Individual)

Mail Processing Clerk

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2020

Transaction ID : SA11AI.25713

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

101530.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bartlett, Richard, , ,**

Mailing Address 14725 Toulouse Court

City  
Reno

State  
NV

Zip Code  
89511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 15 / 2020

**Transaction ID : SA11AI.29162**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bathanti, Judith, , ,**

Mailing Address 34103 Rambling Drive South

City  
Fraser

State  
MI

Zip Code  
48026-5209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
information requested per best efforts

Occupation (for Individual)  
information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2020

**Transaction ID : SA11AI.25986**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bauer, Gary, , ,**

Mailing Address 2800 South Shirlington Road Suite

City  
Arlington

State  
VA

Zip Code  
22206-3613

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Values

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2020

**Transaction ID : SA11AI.29581**

Amount of Each Receipt this Period

50000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Beckendorf, J Scott, , ,**

Mailing Address 7 Ironwood Road

City  
San Antonio

State  
TX

Zip Code  
78212-2541

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wine Consultants

Occupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2020

**Transaction ID : SA11AI.25156**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Belski, Marilyn, , ,**

Mailing Address 12506 Cutler Ridge Drive

City  
Henrico

State  
VA

Zip Code  
23233-2236

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Homemaker

Occupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2020

**Transaction ID : SA11AI.23991**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Benjamin, Neal, , ,**

Mailing Address 21343 Iverson Ave N

City  
Forest Lake

State  
MN

Zip Code  
55025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 11 / 2020

**Transaction ID : SA11AI.28352**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Benzie, Susan, , ,

Mailing Address 890 Pebble Hill Road

City  
DoylestownState  
PAZip Code  
18901-3246FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Voice & Vision IncOccupation (for Individual)  
social worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2020

Transaction ID : SA11AI.24406

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Berger, Gwenevere, , ,

Mailing Address 10312 Copeland Drive

City  
ManassasState  
VAZip Code  
20109-2910FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2020

Transaction ID : SA11AI.23858

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bitner, Daniel, , ,

Mailing Address 2703 Medford Ct

City  
CarlsbadState  
CAZip Code  
92010-2178FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2020

Transaction ID : SA11AI.24553

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

2300.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bitner, Daniel, , ,**

Mailing Address 2703 Medford Ct

City  
Carlsbad

State  
CA

Zip Code  
92010-2178

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2020

Transaction ID : SA11AI.26756

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bitner, Daniel, , ,**

Mailing Address 2703 Medford Ct

City  
Carlsbad

State  
CA

Zip Code  
92010-2178

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2020

Transaction ID : SA11AI.28038

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Blanford, Lawrence, , ,**

Mailing Address 7575 Pelican Bay Boulevard #1104

City  
Naples

State  
FL

Zip Code  
34108-5538

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

35000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2020

Transaction ID : SA11AI.26154

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5085.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Borchert, Steven, , ,**

Mailing Address 1706 Whitby Avenue

City  
Portage

State  
MI

Zip Code  
49024-2552

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2020

Transaction ID : SA11AI.25543

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Borgarding, Donald, , ,**

Mailing Address 14137 Southwest 115th Terrace

City

Dunnellon

State

FL

Zip Code

34432-5642

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

retired

Occupation (for Individual)

information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2020

Transaction ID : SA11AI.24349

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Boudreau, Cathy and Bob, , ,**

Mailing Address 915 Ratcliff Dr SE

City

Salem

State

OR

Zip Code

97302

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2020

Transaction ID : SA11AI.28193

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bridge, Jeffrey, , ,**

Mailing Address 24517 129th Place Southeast

City  
Kent

State  
WA

Zip Code  
98030-5077

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Rice University

Occupation (for Individual)

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 09 / 2020

**Transaction ID : SA11AI.27584**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brim, Rodney, , ,**

Mailing Address 301 Nautical Heights

City

Smith River

State

CA

Zip Code

95567-9568

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2020

**Transaction ID : SA11AI.26153**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brochu, David, , ,**

Mailing Address 20710 North Swansway

City

Deer Park

State

IL

Zip Code

60010-3766

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Homemaker

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2020

**Transaction ID : SA11AI.25573**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brochu, Lisa, , ,**

Mailing Address 20710 North Swansway

City  
Deer Park

State  
IL

Zip Code  
60010-3766

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 12 / 2020

Transaction ID : SA11AI.28561

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brokate, Diana, , ,**

Mailing Address 2705 Bayshore Dr

City

Newport Beach

State

CA

Zip Code

92663

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 14 / 2020

Transaction ID : SA11AI.29132

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brott, Dale, , ,**

Mailing Address 1850 Raber Road

City

Uniontown

State

OH

Zip Code

44685-8841

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2020

Transaction ID : SA11AI.29283

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brown, Barrett, , ,

Mailing Address 2215a Nantucket Drive

City  
HoustonState  
TXZip Code  
77057-2907FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best effortsOccupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2020

Transaction ID : SA11AI.26279

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brush, Kirkland, , ,

Mailing Address 1843 Scarborough Drive

City  
Ft CollinsState  
COZip Code  
80526-1632FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self EmployedOccupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2020

Transaction ID : SA11AI.24488

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brush, Kirkland, , ,

Mailing Address 1843 Scarborough Drive

City  
Ft CollinsState  
COZip Code  
80526-1632FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self EmployedOccupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2020

Transaction ID : SA11AI.24573

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 308

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brush, Kirkland, , ,**

Mailing Address 1843 Scarborough Drive

City  
Ft Collins

State  
CO

Zip Code  
80526-1632

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2020

Transaction ID : SA11AI.26065

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brush, Kirkland, , ,**

Mailing Address 1843 Scarborough Drive

City  
Ft Collins

State  
CO

Zip Code  
80526-1632

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2020

Transaction ID : SA11AI.26113

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brush, Kirkland, , ,**

Mailing Address 1843 Scarborough Drive

City  
Ft Collins

State  
CO

Zip Code  
80526-1632

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2020

Transaction ID : SA11AI.26721

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 308

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brush, Kirkland, , ,**

Mailing Address 1843 Scarborough Drive

City  
Ft Collins

State  
CO

Zip Code  
80526-1632

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2020

Transaction ID : SA11AI.26857

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Burrough, James, , ,**

Mailing Address 621 Maple St

City  
Newcastle

State  
WY

Zip Code  
82701-2511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Herzog

Occupation (for Individual)

Railroad

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2020

Transaction ID : SA11AI.29546

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Buswell, Henry, , ,**

Mailing Address 10 Brady Road Extension

City  
Westborough

State  
MA

Zip Code  
01581

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 13 / 2020

Transaction ID : SA11AI.29007

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 308

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Camp, Joseph, , ,**

Mailing Address 5613 Riverton Rd

City  
Cambridge

State  
MD

Zip Code  
21613-3547

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2020

**Transaction ID : SA11AI.24088**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Campbell, Marjorie, , ,**

Mailing Address 1776 Park Avenue #4-425

City  
Park City

State  
UT

Zip Code  
84060-5148

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NewFeminism.com

Occupation (for Individual)  
Freelance Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2020

**Transaction ID : SA11AI.26610**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Campbell, Natalie, A., ,**

Mailing Address 32 Ridge Road

City  
Pleasant Ridge

State  
MI

Zip Code  
48069-1119

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2020

**Transaction ID : SA11AI.23853**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 308

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Canon, Jo, , ,**

Mailing Address 102 Tiquewood Circle

City  
Abilene

State  
TX

Zip Code  
79605-4937

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2020

**Transaction ID : SA11AI.24173**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cardwell, Garry, , ,**

Mailing Address 1110 Harvest Wood

City

San Antonio

State  
TX

Zip Code  
78258-3809

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2020

**Transaction ID : SA11AI.25566**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Carota, Ben, , ,**

Mailing Address 320 Churchill Road

City

Hollister

State  
CA

Zip Code  
95023-9415

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2020

**Transaction ID : SA11AI.29562**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 308

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Case, Robert, , ,

Mailing Address P.O. Box 1036

City  
HartselleState  
ALZip Code  
35640FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best effortsOccupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2020

Transaction ID : SA11AI.28187

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Casey, Michael, , ,

Mailing Address 20 Descanso Drive Unit 1445

City  
San JoseState  
CAZip Code  
95134-1847FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IntelOccupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2020

Transaction ID : SA11AI.25581

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Casperson, Carolina, , ,

Mailing Address 1700 North Lincoln Street

City  
DenverState  
COZip Code  
80203-4500FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-EmployedOccupation (for Individual)  
Christian Science Practit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

222.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2020

Transaction ID : SA11AI.29104

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

2300.00

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Casperson, Carolina, , ,**

Mailing Address 1700 North Lincoln Street

City  
Denver

State  
CO

Zip Code  
80203-4500

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Christian Science Practit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 21 / 2020

Transaction ID : SA11AI.29672

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Caster, Terrence, , ,**

Mailing Address 4607 Mission Gorge Place

City  
San Diego

State  
CA

Zip Code  
92120-4133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Caster Properties Inc

Occupation (for Individual)

Founder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 23 / 2020

Transaction ID : SA11AI.29940

Amount of Each Receipt this Period

250000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Caveney, Tom, , ,**

Mailing Address 6265 Wildwood Lane

City  
Burr Ridge

State  
IL

Zip Code  
60527-5199

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 11 / 2020

Transaction ID : SA11AI.28358

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chandler, Thomas, H., ,**

Mailing Address 236 Mecca Drive

City  
San Antonio

State  
TX

Zip Code  
78232-2209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Orion Partners Inc

Occupation (for Individual)  
Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 11 / 2020

**Transaction ID : SA11AI.28361**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chandler, Thomas, H., ,**

Mailing Address 236 Mecca Drive

City  
San Antonio

State  
TX

Zip Code  
78232-2209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Orion Partners Inc

Occupation (for Individual)  
Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2020

**Transaction ID : SA11AI.29571**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cincotta, Antoinette, , ,**

Mailing Address 693 Fitzwilliam Road

City  
Richmond

State  
NH

Zip Code  
34704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
California DOJ

Occupation (for Individual)  
Deputy Attorney General

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 12 / 2020

**Transaction ID : SA11AI.28508**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 308

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Clark, Richard, K., ,**

Mailing Address 4171 Lorenzo Farm Road

City  
Cazenovia

State  
NY

Zip Code  
13035-9341

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2020

Transaction ID : SA11AI.25578

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cline, Glen, , ,**

Mailing Address 404 Main Street

City  
Corinth

State  
NY

Zip Code  
12822-1408

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2020

Transaction ID : SA11AI.25776

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Coats, Roy, , ,**

Mailing Address 380 Watson Rd.

City  
Jackson

State  
TN

Zip Code  
38305-9341

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 21 / 2020

Transaction ID : SA11AI.29694

Amount of Each Receipt this Period

200.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 308

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Conger, Bryant, , ,**

Mailing Address 18215 SE 23rd Street

City  
Vancouver

State  
WA

Zip Code  
98683-1848

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Susan B. Anthony List

Occupation (for Individual)

Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 23 / 2020

**Transaction ID : SA11AI.29938**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Connor, Michael, E., ,**

Mailing Address 838 Colchester Drive

City  
Oswego

State  
IL

Zip Code  
60543-5103

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2020

**Transaction ID : SA11AI.24404**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Conrads, Randal, , ,**

Mailing Address 14201 Southeast Petrovitsky Road A

City  
Renton

State  
WA

Zip Code  
98058-8986

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2020

**Transaction ID : SA11AI.28206**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cooley, Jeff, , ,**

Mailing Address 2357 E. Flossmoor Circle

City  
Mesa

State  
AZ

Zip Code  
85204-5337

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2020

Transaction ID : SA11AI.29556

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Coors, Jeffrey, H., ,**

Mailing Address 16126 West 32nd Avenue

City  
Golden

State  
CO

Zip Code  
80401-1215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2020

Transaction ID : SA11AI.29194

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Coravos, Maryann, , ,**

Mailing Address 100 Winterhill Drive

City  
Dracut

State  
MA

Zip Code  
01826-1158

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2020

Transaction ID : SA11AI.26800

Amount of Each Receipt this Period

35.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25135.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cormier, Gerard, , ,**

Mailing Address 63 Mason Road

City  
Ashby

State  
MA

Zip Code  
01431

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2020

**Transaction ID : SA11AI.28103**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cormier, Gerard, , ,**

Mailing Address 63 Mason Road

City  
Ashby

State  
MA

Zip Code  
01431

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2020

**Transaction ID : SA11AI.29432**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cosby, Raymond, , ,**

Mailing Address 735 Cottonwood Court

City  
Livermore

State  
CA

Zip Code  
94551-3962

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
pro care commercial

Occupation (for Individual)  
contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2020

**Transaction ID : SA11AI.24417**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cox, Audrey, , ,**

Mailing Address 14307 Shadow Oaks Lane

City  
San Antonio

State  
TX

Zip Code  
78231-1639

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2020

Transaction ID : SA11AI.29568

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Creekmore, Judtih, , ,**

Mailing Address 1885 Northwest 108 Avenue

City  
Fort Lauderdale

State  
FL

Zip Code  
33322

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
information requested per best efforts

Occupation (for Individual)  
information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2020

Transaction ID : SA11AI.25681

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cruz, A., , ,**

Mailing Address PO Box 22194

City  
San Juan

State  
PR

Zip Code  
00931

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Homemaker

Occupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2020

Transaction ID : SA11AI.28197

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Culver, Bonnie, , ,

Mailing Address 3404 Bent Drive

City  
LovelandState  
COZip Code  
80538-4915FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best effortsOccupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 09 / 2020

Transaction ID : SA11AI.27574

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Curry, Raymond G., , ,

Mailing Address 3713 Templeton Place

City  
AlexandriaState  
VAZip Code  
22304FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2020

Transaction ID : SA11AI.29416

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dahlstedt, Pat, L., ,

Mailing Address 13048 Farm To Market Road

City  
Mount VernonState  
WAZip Code  
98273-8705FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
selfOccupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2020

Transaction ID : SA11AI.24811

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

550.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dausch, William, , ,**

Mailing Address 3425 Howell Court

City  
Abingdon

State  
MD

Zip Code  
21009-2543

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Engineering Technician-electrical

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 09 / 2020

Transaction ID : SA11AI.27522

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Davison, Henry, , ,**

Mailing Address 7821 Buist Avenue

City  
Philadelphia

State  
PA

Zip Code  
19153-1204

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Federal Government Social Security Adm

Occupation (for Individual)

Civil Servant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

10 / 23 / 2020

Transaction ID : SA11AI.25355

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dean, Joel, , ,**

Mailing Address 2071 Little Mountain Road

City  
Mount Vernon

State  
WA

Zip Code  
98274-8312

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Skagit Regional Health

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 10 / 2020

Transaction ID : SA11AI.28204

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. De Ghenghi, Luigi, , ,**

Mailing Address 161 Cedar Lane

City  
New Canaan

State  
CT

Zip Code  
06840

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2020

**Transaction ID : SA11AI.27269**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DeMott, John, , ,**

Mailing Address 745 Spyglass Hill

City  
Holland

State  
MI

Zip Code  
49424-2285

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2020

**Transaction ID : SA11AI.29570**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DENCH, CHARLES, , ,**

Mailing Address PO Box 150

City  
West Point

State  
PA

Zip Code  
19486-0150

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2020

**Transaction ID : SA11AI.25984**

Amount of Each Receipt this Period

236.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1736.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Derrick Jr, John, , ,**

Mailing Address 5010 Warren St NW

City  
Washington

State  
DC

Zip Code  
20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2020

**Transaction ID : SA11AI.27255**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. de Ruyter, Peter, , ,**

Mailing Address 4266 East Los Angeles Avenue

City  
Simi Valley

State  
CA

Zip Code  
93063

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DER Engineering LLC

Occupation (for Individual)  
Aerospace Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 13 / 2020

**Transaction ID : SA11AI.29017**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DeStefano, Robert, , ,**

Mailing Address 23 Avon Drive

City  
Essex Fells

State  
NJ

Zip Code  
07021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 12 / 2020

**Transaction ID : SA11AI.28559**

Amount of Each Receipt this Period

400.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dewey, Pauline, , ,**

Mailing Address 1 Birchbrook Lane

City  
Norton

State  
MA

Zip Code  
02766-3439

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
information requested per best efforts

Occupation (for Individual)  
information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2020

**Transaction ID : SA11AI.24408**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dickinson, Teresa, , ,**

Mailing Address 1043 Stonebridge Drive

City  
Napa

State  
CA

Zip Code  
94558

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2020

**Transaction ID : SA11AI.28189**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dobrzanski, Frank, , ,**

Mailing Address 5304 Sapphire Springs Drive

City  
Knightdale

State  
NC

Zip Code  
27545-7585

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Expedient Resource Services

Occupation (for Individual)  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2020

**Transaction ID : SA11AI.26275**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Donaldson, Marshall, , ,**

Mailing Address 7217 Southwest 57th Road

City  
Gainesville

State  
FL

Zip Code  
32608-4779

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2020

Transaction ID : SA11AI.26538

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Donnell, Johnelle, M., ,**

Mailing Address 2023 Downing Street

City

Wichita Falls

State

TX

Zip Code

76308-1312

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2020

Transaction ID : SA11AI.23856

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Donnelly, Stephen, , ,**

Mailing Address 300 Kent Street

City

Falls Church

State

VA

Zip Code

22046

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2020

Transaction ID : SA11AI.28194

Amount of Each Receipt this Period

400.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

925.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dooling, Deborah Mary, , ,**

Mailing Address 6114 43rd Street West #302e

City  
Bradenton

State  
FL

Zip Code  
34210-3912

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 01 / 2020

Transaction ID : SA11AI.26274

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dooling, Deborah Mary, , ,**

Mailing Address 6114 43rd Street West #302e

City  
Bradenton

State  
FL

Zip Code  
34210-3912

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

11 / 06 / 2020

Transaction ID : SA11AI.26858

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dooling, Deborah Mary, , ,**

Mailing Address 6114 43rd Street West #302e

City  
Bradenton

State  
FL

Zip Code  
34210-3912

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

11 / 10 / 2020

Transaction ID : SA11AI.28108

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 308

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dos Santos, Paul, , ,

Mailing Address 152 Meads Cross road

City

STORMVILLE

State

NY

Zip Code

12582

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2020

Transaction ID : SA11AI.29005

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dove, Elaine, R., ,

Mailing Address 2781 Hawthorne Avenue

City

Janesville

State

IA

Zip Code

50647-9750

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retiredOccupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2020

Transaction ID : SA11AI.25567

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Downey, Joseph, , ,

Mailing Address 158 North Summit Avenue

City

Nogales

State

AZ

Zip Code

85621-3147

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2020

Transaction ID : SA11AI.29499

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

535.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 308

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Downey, Joseph, , ,**

Mailing Address 158 North Summit Avenue

City  
Nogales

State  
AZ

Zip Code  
85621-3147

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 21 / 2020

Transaction ID : SA11AI.29657

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Doyle, Carol, , ,**

Mailing Address 112 Peppergrass Drive South

City

Mount Laurel

State  
NJ

Zip Code  
08054-6928

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2020

Transaction ID : SA11AI.25754

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Drummond, Raymond, , ,**

Mailing Address 7130 SHEFFIELD PL

City

GA - Cumming

State  
GA

Zip Code  
30040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2020

Transaction ID : SA11AI.27264

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

335.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 308

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Duff, Patrick, , ,**

Mailing Address 233 Rock Road PMB 133

City  
Glen Rock

State  
NJ

Zip Code  
07452

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2020

**Transaction ID : SA11AI.29192**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Eaton, Kathleen, , ,**

Mailing Address 2611 Southwick Drive

City  
Greensboro

State  
NC

Zip Code  
27455-0834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 02 / 2020

**Transaction ID : SA11AI.26422**

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Eaton, Kathleen, , ,**

Mailing Address 2611 Southwick Drive

City  
Greensboro

State  
NC

Zip Code  
27455-0834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2020

**Transaction ID : SA11AI.27185**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5085.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 308

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Eaton, Kathleen, , ,**

Mailing Address 2611 Southwick Drive

City

Greensboro

State

NC

Zip Code

27455-0834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2020

Transaction ID : SA11AI.29538

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Eckman, Eli, , ,**

Mailing Address 210 FEDERAL ST

City

BUTLER

State

PA

Zip Code

16001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2020

Transaction ID : SA11AI.29016

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Eisenhour, Dale, , ,**

Mailing Address 302 East Stafford Street

City

Stafford

State

KS

Zip Code

67578-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

information requested per best efforts

Occupation (for Individual)

information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2020

Transaction ID : SA11AI.25569

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

600.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 308

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ensio, Paavo, , ,**

Mailing Address 7540 North Window Peak Road

City  
Tucson

State  
AZ

Zip Code  
85718-1376

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2020

Transaction ID : SA11AI.29579

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fennell, James, , , Jr.**

Mailing Address 6960 Killarney Drive

City  
Beaumont

State  
TX

Zip Code  
77706-4116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2020

Transaction ID : SA11AI.25679

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fennell, James, , , Jr.**

Mailing Address 6960 Killarney Drive

City  
Beaumont

State  
TX

Zip Code  
77706-4116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2020

Transaction ID : SA11AI.26277

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 308

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fennell, James, , , Jr.**

Mailing Address 6960 Killarney Drive

City  
Beaumont

State  
TX

Zip Code  
77706-4116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 02 / 2020

**Transaction ID : SA11AI.26498**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Finkenkeller, Eileen, , ,**

Mailing Address 2301 Bluffview Court

City  
Arlington

State  
TX

Zip Code  
76011-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2020

**Transaction ID : SA11AI.24620**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Finney, Julie, , ,**

Mailing Address 108 North Chandler Creek Circle

City  
The Woodlands

State  
TX

Zip Code  
77381-4765

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Homemaker

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 12 / 2020

**Transaction ID : SA11AI.28517**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 308

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Floersch, Eugene, , ,**

Mailing Address 6600 Pleasant Avenue Apt. 226

City  
Richfield

State  
MN

Zip Code  
55423-2390

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2020

Transaction ID : SA11AI.25720

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Floersch, Eugene, , ,**

Mailing Address 6600 Pleasant Avenue Apt. 226

City  
Richfield

State  
MN

Zip Code  
55423-2390

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2020

Transaction ID : SA11AI.26194

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Floyd, Russell, , ,**

Mailing Address 3537 Timberlane Drive

City  
Stockton

State  
CA

Zip Code  
95209-5146

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
information requested per best efforts

Occupation (for Individual)  
information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 22 / 2020

Transaction ID : SA11AI.29736

Amount of Each Receipt this Period

350.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

415.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 308

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fluharty, Mark, , ,

Mailing Address 14 E. 3rd St.

City  
Red HillState  
PAZip Code  
18076FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best effortsOccupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2020

Transaction ID : SA11AI.29181

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Folsie, Jourdan, , ,

Mailing Address 1404 Redwood Drive

City  
HarveyState  
LAZip Code  
70058-3816FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.71

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2020

Transaction ID : SA11AI.24180

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fox, Kelly, , ,

Mailing Address 14608 Avenue 328

City  
VosaliaState  
CAZip Code  
93292FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self EmployedOccupation (for Individual)  
Byron Fox Farming

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2020

Transaction ID : SA11AI.26890

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

500.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 308

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Franco, Carlos, , ,**

Mailing Address 3325 Piedmont Road Northeast Unit

City  
Atlanta

State  
GA

Zip Code  
30305-4821

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Georgia Cancer Specialists

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2020

Transaction ID : SA11AI.29445

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Franey, Judith, , ,**

Mailing Address 2515 Idaho Ave East

City

Maplewood

State

MN

Zip Code

55119-3122

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2020

Transaction ID : SA11AI.24633

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Frazer, Kimberley, , ,**

Mailing Address 3212 Robin Hood Court

City

Ellicott City

State

MD

Zip Code

21042-2361

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Department of Defense

Occupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2020

Transaction ID : SA11AI.24609

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

8100.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Frierson, Pattie, , ,**

Mailing Address 551 Pine Valley Road Southeast

City  
Marietta

State  
GA

Zip Code  
30067-4827

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2020

Transaction ID : SA11AI.28177

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garcia, Ivan, , ,**

Mailing Address 11909 Minor Jones Drive

City

Owings Mills

State

MD

Zip Code

21117-1536

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-Employed

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2020

Transaction ID : SA11AI.24209

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garwood, Debbie, , ,**

Mailing Address 3642 Ella Lee Lane

City

Houston

State

TX

Zip Code

77027-4105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Homemaker

Occupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2020

Transaction ID : SA11AI.28183

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gembacz, Gilbert, , ,

Mailing Address 1439 El Vago Street

City  
La Canada Flintridge

State  
CA

Zip Code  
91011

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2020

Transaction ID : SA11AI.24626

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gettel, Mary, , ,

Mailing Address 1756 E Deckerville Rd

City  
Caro

State  
MI

Zip Code  
48723-9110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retired

Occupation (for Individual)  
Special Education Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2020

Transaction ID : SA11AI.24382

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Giegerich, Jody, , ,

Mailing Address 5706 Macalpine Circle Apt. 917

City  
Glen Allen

State  
VA

Zip Code  
23079

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

217.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2020

Transaction ID : SA11AI.23885

Amount of Each Receipt this Period

17.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

467.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Giegerich, Jody, , ,**

Mailing Address 5706 Macalpine Circle Apt. 917

City  
Glen Allen

State  
VA

Zip Code  
23079

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2020

Transaction ID : SA11AI.23981

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gilardi, Pamela, , ,**

Mailing Address 105 Due East Street

City

New Smyrna Beach

State

FL

Zip Code

32169-2432

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2020

Transaction ID : SA11AI.24094

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution: Earmarked through Susan B. Anthony List  
Inc. Candidate Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gilde, Lothar, , ,**

Mailing Address P. O. Box 96

City

Imperial

State

NE

Zip Code

69033-0096

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Pastor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 09 / 2020

Transaction ID : SA11AI.27491

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5085.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gilde, Lothar, , ,

Mailing Address P. O. Box 96

City  
ImperialState  
NEZip Code  
69033-0096FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Pastor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 21 / 2020

Transaction ID : SA11AI.29674

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Giromini, Hilda, , ,

Mailing Address 10832 Sparkling Waters Ct

City  
South LyonState  
MIZip Code  
48178FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 08 / 2020

Transaction ID : SA11AI.27329

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gisler, Richard, , ,

Mailing Address 370 James H Road

City  
CameronState  
NCZip Code  
28326FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2020

Transaction ID : SA11AI.26273

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

400.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Graham, Bob, , ,**

Mailing Address 7233 Avalon Drive

City  
Wilmington

State  
MA

Zip Code  
01887-1168

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Graham Engineering

Occupation (for Individual)  
Retired office worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2020

Transaction ID : SA11AI.24086

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Greer, Hank, , ,**

Mailing Address 3630 Loggerhead Court

City  
Johns Island

State  
SC

Zip Code  
29455

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2020

Transaction ID : SA11AI.28138

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gregory, Margaret, , ,**

Mailing Address 406 Timber Lane

City  
Sewickley

State  
PA

Zip Code  
15143-8953

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 14 / 2020

Transaction ID : SA11AI.29126

Amount of Each Receipt this Period

150.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Griffin, Beth, , ,

Mailing Address W275n7214 Glacier Pass

City  
HartlandState  
WIZip Code  
53029-8207FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best effortsOccupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2020

Transaction ID : SA11AI.26128

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Grundhofer, Jerry, , ,

Mailing Address 1776 Park Avenue

City  
Park CityState  
UTZip Code  
84060FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 11 / 2020

Transaction ID : SA11AI.28360

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hamilton, Nancy, , ,

Mailing Address 9831 Del Webb Pkwy. #2207

City  
JacksonvilleState  
FLZip Code  
32256FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best effortsOccupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 13 / 2020

Transaction ID : SA11AI.28951

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1150.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hand, Mary, , ,**

Mailing Address 6426 Hollins Dr.

City  
Bethesda

State  
MD

Zip Code  
20817-2334

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
information requested per best efforts

Occupation (for Individual)  
information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2020

Transaction ID : SA11AI.27213

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hart, Betsy, , ,**

Mailing Address 127 Woodbine Avenue

City  
Wilmette

State  
IL

Zip Code  
60091-3329

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Heritage Foundation

Occupation (for Individual)  
Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2020

Transaction ID : SA11AI.24183

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hauck, Steve, , ,**

Mailing Address 2653 Avenue D

City  
Katy

State  
TX

Zip Code  
77493

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Steel Trading Corp of America

Occupation (for Individual)  
Pres/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 11 / 2020

Transaction ID : SA11AI.28350

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hauskins, Josh, , ,**

Mailing Address 5102 Central Valley Road

City  
Murfreesboro

State  
TN

Zip Code  
37129-7613

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 11 / 2020

Transaction ID : SA11AI.28325

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hawkins, Mary, , ,**

Mailing Address 8570 S Ice House Canyon Road

City  
Globe

State  
AZ

Zip Code  
85501

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
information requested per best efforts

Occupation (for Individual)  
information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2020

Transaction ID : SA11AI.26080

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hawkins, Mary, , ,**

Mailing Address 8570 S Ice House Canyon Road

City  
Globe

State  
AZ

Zip Code  
85501

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
information requested per best efforts

Occupation (for Individual)  
information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2020

Transaction ID : SA11AI.26089

Amount of Each Receipt this Period

35.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

170.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hawkins, Mary, , ,

Mailing Address 8570 S Ice House Canyon Road

City  
GlobeState  
AZZip Code  
85501FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
information requested per best effortsOccupation (for Individual)  
information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2020

Transaction ID : SA11AI.27020

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hawkins, Mary, , ,

Mailing Address 8570 S Ice House Canyon Road

City  
GlobeState  
AZZip Code  
85501FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
information requested per best effortsOccupation (for Individual)  
information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2020

Transaction ID : SA11AI.27201

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hawkins, Mary, , ,

Mailing Address 8570 S Ice House Canyon Road

City  
GlobeState  
AZZip Code  
85501FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
information requested per best effortsOccupation (for Individual)  
information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 11 / 2020

Transaction ID : SA11AI.28217

Amount of Each Receipt this Period

17.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

92.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hawkins, Mary, , ,**

Mailing Address 8570 S Ice House Canyon Road

City  
Globe

State  
AZ

Zip Code  
85501

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
information requested per best efforts

Occupation (for Individual)  
information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

11 / 11 / 2020

Transaction ID : SA11AI.28263

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Healy, Mary, J., ,**

Mailing Address 2459 Shrewsbury Run East

City  
Collierville

State  
TN

Zip Code  
38017-8843

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 15 / 2020

Transaction ID : SA11AI.23852

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. hegehan, Carmen, B., ,**

Mailing Address 809 La Cruz Drive

City  
El Paso

State  
TX

Zip Code  
79902-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 10 / 2020

Transaction ID : SA11AI.28112

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

385.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Henkel, Raymond, , ,

Mailing Address 4092 South Wabash Street

City  
DenverState  
COZip Code  
80237-1755FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2020

Transaction ID : SA11AI.24630

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Henkel, Raymond, , ,

Mailing Address 4092 South Wabash Street

City  
DenverState  
COZip Code  
80237-1755FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2020

Transaction ID : SA11AI.25637

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Henkel, Raymond, , ,

Mailing Address 4092 South Wabash Street

City  
DenverState  
COZip Code  
80237-1755FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2020

Transaction ID : SA11AI.27262

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

900.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Henry, Beverly, , ,**

Mailing Address 1121 Guadalupe Court

City  
Colleyville

State  
TX

Zip Code  
76034-5885

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Small Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2020

Transaction ID : SA11AI.27267

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hesemann, Andrew, , ,**

Mailing Address 600 W. Franklin Avenue

City

Minneapolis

State

MN

Zip Code

55405-3104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Bedford Industries

Occupation (for Individual)

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2020

Transaction ID : SA11AI.27226

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hill, Floyd, A., ,**

Mailing Address 307 Welton Lane

City

Baytown

State

TX

Zip Code

77523

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2020

Transaction ID : SA11AI.25348

Amount of Each Receipt this Period

200.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hillman, Tatnall, , , SC USNR (R)**

Mailing Address 504 W. Bleeker Street

City  
Aspen

State  
CO

Zip Code  
81661

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2020

**Transaction ID : SA11AI.25580**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hills, Theodore, , ,**

Mailing Address 5312 Huntingwood Drive

City  
Raleigh

State  
NC

Zip Code  
27606-9642

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bloomberg LP

Occupation (for Individual)  
Computer Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 09 / 2020

**Transaction ID : SA11AI.27578**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hoefflin, Daniel, , ,**

Mailing Address 911 Emerald Bay

City  
Laguna Beach

State  
CA

Zip Code  
92651-1229

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 09 / 2020

**Transaction ID : SA11AI.27582**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hoffman, Terry, , ,**

Mailing Address 7118 West River Road

City

Brooklyn Center

State

MN

Zip Code

55430-1332

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2020

Transaction ID : SA11AI.28102

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Holdener, Richard, , ,**

Mailing Address 6408 Gehrke Circle

City

Sun Prairie

State

WI

Zip Code

53590-9331

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2020

Transaction ID : SA11AI.28965

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Holtz, Kathleen, , ,**

Mailing Address 20555 Lindley Road

City

Chelsea

State

MI

Zip Code

48118-9520

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Michigan Medicine

Occupation (for Individual)

Bedside Musician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 22 / 2020

Transaction ID : SA11AI.29722

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

250.00

TOTAL This Period (last page this line number only).....▶

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hostage, Michael, , ,

Mailing Address 814 Carolina Circle Southwest

City

Vero Beach

State

FL

Zip Code

32962

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2020

Transaction ID : SA11AI.28201

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Houser, Shirley, , ,

Mailing Address 1933 Shadow Wood Court

City

Chesterfield

State

MO

Zip Code

63017-5443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Archdiocese of St. Louis

Occupation (for Individual)

Priest

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2020

Transaction ID : SA11AI.24397

Amount of Each Receipt this Period

220.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Howe, Robert, , ,

Mailing Address 3228 Arbor Drive

City

Pleasanton

State

CA

Zip Code

94566-6972

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2020

Transaction ID : SA11AI.24627

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1020.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hrehocik, Andrew, , ,**

Mailing Address 929 Indiana Avenue

City  
Glassport

State  
PA

Zip Code  
15045-1724

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2020

**Transaction ID : SA11AI.24074**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hryniewich, Rebecca, , ,**

Mailing Address 1619 Morris Avenue

City  
Norfolk

State  
VA

Zip Code  
23509-1218

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retired

Occupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2020

**Transaction ID : SA11AI.23854**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Huang, J., Andrew, ,**

Mailing Address 2212 Rosa Vista Terrace

City  
Camarillo

State  
CA

Zip Code  
93012-9094

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2020

**Transaction ID : SA11AI.25978**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

650.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ihle, David, , ,

Mailing Address 512 Frances Avenue

City  
HudsonState  
WIZip Code  
54016-8141FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best effortsOccupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2020

Transaction ID : SA11AI.24403

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Iredale, Nancy, , ,

Mailing Address P.O. Box 5084

City  
Incline VillageState  
NVZip Code  
89450-5084FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2020

Transaction ID : SA11AI.29576

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jackson, Kenneth, , ,

Mailing Address 2555 MERCEDES DRIVE

City  
FORT LAUDERDALEState  
FLZip Code  
33316FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2020

Transaction ID : SA11AI.28557

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Janousek, Kelli, , ,**

Mailing Address 165 Oakley Road

City  
Wooster

State  
OH

Zip Code  
44691

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2020

**Transaction ID : SA11AI.26954**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jarvis, Nancy, , ,**

Mailing Address 255 Shoreline Road Apt. C

City

Lake Barrington Shores

State

IL

Zip Code

60010-1633

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 11 / 2020

**Transaction ID : SA11AI.28357**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jewell, Colette, , ,**

Mailing Address 2515 East Princeton Avenue

City

Visalia

State

CA

Zip Code

93292

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2020

**Transaction ID : SA11AI.25337**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jewell, Colette, , ,

Mailing Address 2515 East Princeton Avenue

City  
VisaliaState  
CAZip Code  
93292FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best effortsOccupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 23 / 2020

Transaction ID : SA11AI.29927

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Johnson, Larry, , ,

Mailing Address 96 North 720 East

City  
SalemState  
UTZip Code  
84653-0314FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retiredOccupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2020

Transaction ID : SA11AI.25577

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jones, Susan, , ,

Mailing Address 3927 Keswick Road

City  
BaltimoreState  
MDZip Code  
21211-2227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2020

Transaction ID : SA11AI.24056

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

600.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jones, Susan, , ,

Mailing Address 3927 Keswick Road

City  
BaltimoreState  
MDZip Code  
21211-2227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2020

Transaction ID : SA11AI.25964

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kath, Robert, A., ,

Mailing Address W9564 State Road 16 and 60

City  
ReesevilleState  
WIZip Code  
53579-9714FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2020

Transaction ID : SA11AI.24629

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kearney, James, , ,

Mailing Address 430 Poppasquash Road

City  
BristolState  
RIZip Code  
02809-1008FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2020

Transaction ID : SA11AI.28175

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

850.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Keeney, Franklin, , ,**

Mailing Address 12304 Windsor Drive

City  
Carmel

State  
IN

Zip Code  
46033-3144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 13 / 2020

Transaction ID : SA11AI.28867

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kelleher, Steve, , ,**

Mailing Address 15857 Kalisher Street

City

Granada Hills

State

CA

Zip Code

91344-3949

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Property Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2020

Transaction ID : SA11AI.25571

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kerrigan, Mike, , ,**

Mailing Address 550 Belmont Street Unit 23

City

E Watertown

State

MA

Zip Code

02472

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 09 / 2020

Transaction ID : SA11AI.27415

Amount of Each Receipt this Period

35.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

335.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Keyes, James, , ,**

Mailing Address 3025 Locust Grove Rd

City  
Batesville

State  
AR

Zip Code  
72501

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2020

**Transaction ID : SA11AI.26952**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kieras, Joseph, M., ,**

Mailing Address 15 Cottage Street

City  
Danbury

State  
CT

Zip Code  
06810-6706

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2020

**Transaction ID : SA11AI.24081**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Knottcraig, Chris, , ,**

Mailing Address 741 Valleybrook Drive

City  
Memphis

State  
TN

Zip Code  
38120

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2020

**Transaction ID : SA11AI.28185**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Koller, David, , ,**

Mailing Address 903 Hart Circle

City

State College

State

PA

Zip Code

16801-3101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2020

**Transaction ID : SA11AI.24075**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Koller, David, , ,**

Mailing Address 903 Hart Circle

City

State College

State

PA

Zip Code

16801-3101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2020

**Transaction ID : SA11AI.25667**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Konecsni, John, , ,**

Mailing Address 9320 222nd Street

City

Queens Village

State

NY

Zip Code

11428-1940

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2020

**Transaction ID : SA11AI.24401**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Koon, Edward, , ,**

Mailing Address 4381 Leonard Street

City

Coopersville

State

MI

Zip Code

49404-9610

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
information requested per best efforts

Occupation (for Individual)  
information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2020

Transaction ID : SA11AI.23985

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Koon, Edward, , ,**

Mailing Address 4381 Leonard Street

City

Coopersville

State

MI

Zip Code

49404-9610

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
information requested per best efforts

Occupation (for Individual)  
information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2020

Transaction ID : SA11AI.29168

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Koslosky, Vincent, , ,**

Mailing Address 239 Liberty Drive

City

Langhorne

State

PA

Zip Code

19047-3079

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2020

Transaction ID : SA11AI.25669

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

320.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Krapf, Patricia, , ,**

Mailing Address 1933 ONeil Road

City  
Macedon

State  
NY

Zip Code  
14502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 22 / 2020

**Transaction ID : SA11AI.25154**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kuxhaus, Patricia, , ,**

Mailing Address 2727 Nelson Road Apt. R104

City  
Longmont

State  
CO

Zip Code  
80503-9351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2020

**Transaction ID : SA11AI.26605**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kuxhaus, Patricia, , ,**

Mailing Address 2727 Nelson Road Apt. R104

City  
Longmont

State  
CO

Zip Code  
80503-9351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 09 / 2020

**Transaction ID : SA11AI.27544**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kyriakos, Raymond, , ,**

Mailing Address 205 Casey Way

City  
Hatfield

State  
PA

Zip Code  
19440-1261

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Grandview Radiology

Occupation (for Individual)  
Radiology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2020

Transaction ID : SA11AI.29541

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LaBelle, Doug, , ,**

Mailing Address 405 South Mission Street

City

Mount Pleasant

State

MI

Zip Code

48858

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-Employed

Occupation (for Individual)  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2020

Transaction ID : SA11AI.25163

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lake, Walter, J., ,**

Mailing Address 75090 Overseas Highway

City

Islamorada

State

FL

Zip Code

33036-4010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2020

Transaction ID : SA11AI.26948

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

800.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LaMonica, Sharon, , ,

Mailing Address 11625 Pebbleton Drive

City  
HoustonState  
TXZip Code  
77070FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best effortsOccupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2020

Transaction ID : SA11AI.25963

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lauh, Weber, , ,

Mailing Address 4141 North Henderson Road Apt. 906

City  
ArlingtonState  
VAZip Code  
22203-2470FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
information requested per best effortsOccupation (for Individual)  
information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2020

Transaction ID : SA11AI.25675

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lebec, Leah, K., ,

Mailing Address 10 Lauder Lane

City  
GreenwichState  
CTZip Code  
06831-3707FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

11000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 19 / 2020

Transaction ID : SA11AI.29447

Amount of Each Receipt this Period

10000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

10600.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Leblanc, Lydia, , ,**

Mailing Address P.O. Box 53645

City  
Lafayette

State  
LA

Zip Code  
70505-3645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
information requested per best efforts

Occupation (for Individual)  
information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2020

**Transaction ID : SA11AI.23909**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Leblanc, Lydia, , ,**

Mailing Address P.O. Box 53645

City  
Lafayette

State  
LA

Zip Code  
70505-3645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
information requested per best efforts

Occupation (for Individual)  
information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2020

**Transaction ID : SA11AI.24053**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Leblanc, Lydia, , ,**

Mailing Address P.O. Box 53645

City  
Lafayette

State  
LA

Zip Code  
70505-3645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
information requested per best efforts

Occupation (for Individual)  
information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2020

**Transaction ID : SA11AI.25382**

Amount of Each Receipt this Period

9.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

134.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 77 OF 308

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Leo, Donna, , ,**

Mailing Address 18 Dana Road

City  
Boxford

State  
MA

Zip Code  
01921-2661

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Unemployed

Occupation (for Individual)  
Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 02 / 2020

Transaction ID : SA11AI.26497

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Letts, Karen, , ,**

Mailing Address 52274 Greenfield Manor Drive

City  
Granger

State  
IN

Zip Code  
46530-5871

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2020

Transaction ID : SA11AI.24385

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Letts, Karen, , ,**

Mailing Address 52274 Greenfield Manor Drive

City  
Granger

State  
IN

Zip Code  
46530-5871

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

785.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2020

Transaction ID : SA11AI.29651

Amount of Each Receipt this Period

35.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

485.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Levitt, Paul, , ,**

Mailing Address 9848 Iron Sky Court

City  
Las Vegas

State  
NV

Zip Code  
89148

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 06 / 2020

Transaction ID : SA11AI.26950

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Liotti, Dan, , ,**

Mailing Address 8827 Spinnaker Court

City  
Indianapolis

State  
IN

Zip Code  
46256-9523

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

11 / 20 / 2020

Transaction ID : SA11AI.29577

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lowry, Valerie, , ,**

Mailing Address 8551 Upper Back Creek Road

City  
Monterey

State  
VA

Zip Code  
24465-2538

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 02 / 2020

Transaction ID : SA11AI.26500

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lynch, Richard, , ,**

Mailing Address 8915 Kenton Road

City  
Wesley Chapel

State  
FL

Zip Code  
33545

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2020

Transaction ID : SA11AI.26281

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lynch, Thomas, , ,**

Mailing Address 14710 Glen Eden Drive

City  
Naples

State  
FL

Zip Code  
34110-4610

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 02 / 2020

Transaction ID : SA11AI.26474

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lyon, Billy, , ,**

Mailing Address 7231 Palm Ave

City  
Highland

State  
CA

Zip Code  
92346

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2020

Transaction ID : SA11AI.25639

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 308

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Macaulay, Shane, , ,**

Mailing Address 3832 132nd Avenue Northeast

City  
Bellevue

State  
WA

Zip Code  
98005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Radiology Consultants of WA

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2020

Transaction ID : SA11AI.29574

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mailloux, Wayne, , ,**

Mailing Address 7120 East Kierland Boulevard

City  
Scottsdale

State  
AZ

Zip Code  
85254

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2020

Transaction ID : SA11AI.25158

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Maloney, Lucille, G., ,**

Mailing Address 1608 Mary Ellen Court

City  
McLean

State  
VA

Zip Code  
22101-5023

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Homemaker

Occupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2020

Transaction ID : SA11AI.24410

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 81 OF 308

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Malvar, Amando, , ,**

Mailing Address 6451 Lake Apopka Place

City  
San Diego

State  
CA

Zip Code  
92119-2814

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
information requested per best efforts

Occupation (for Individual)  
information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2020

Transaction ID : SA11AI.24371

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Manor, Beth, , ,**

Mailing Address P.O. Box 833

City  
Chautauqua

State  
NY

Zip Code  
14722-0833

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 18 / 2020

Transaction ID : SA11AI.29327

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Marek, Carol, , ,**

Mailing Address 10793 Falling Water Ln

City  
Saint Paul

State  
MN

Zip Code  
55129-5256

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Homemaker

Occupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2020

Transaction ID : SA11AI.23910

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1125.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Marek, Carol, , ,

Mailing Address 10793 Falling Water Ln

City  
Saint PaulState  
MNZip Code  
55129-5256FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HomemakerOccupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2020

Transaction ID : SA11AI.24054

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Marek, Carol, , ,

Mailing Address 10793 Falling Water Ln

City  
Saint PaulState  
MNZip Code  
55129-5256FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HomemakerOccupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2020

Transaction ID : SA11AI.25540

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Marek, Carol, , ,

Mailing Address 10793 Falling Water Ln

City  
Saint PaulState  
MNZip Code  
55129-5256FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HomemakerOccupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2020

Transaction ID : SA11AI.27243

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

300.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Marshall, Reva, , ,**

Mailing Address 851 Lawnville Road

City  
Kingston

State  
TN

Zip Code  
37763

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2020

Transaction ID : SA11AI.24041

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Martineau, Michael, , ,**

Mailing Address 9668 Gudel Drive

City  
Ellicott City

State  
MD

Zip Code  
21042-1760

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NGC Corp.

Occupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2020

Transaction ID : SA11AI.24318

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Martineau, Michael, , ,**

Mailing Address 9668 Gudel Drive

City  
Ellicott City

State  
MD

Zip Code  
21042-1760

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NGC Corp.

Occupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2020

Transaction ID : SA11AI.24742

Amount of Each Receipt this Period

35.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

185.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Martineau, Michael, , ,**

Mailing Address 9668 Gudel Drive

City  
Ellicott City

State  
MD

Zip Code  
21042-1760

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NGC Corp.

Occupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2020

**Transaction ID : SA11AI.27208**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Martineau, Michael, , ,**

Mailing Address 9668 Gudel Drive

City  
Ellicott City

State  
MD

Zip Code  
21042-1760

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NGC Corp.

Occupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 09 / 2020

**Transaction ID : SA11AI.27560**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mather, Kevin, , ,**

Mailing Address 1344 Dylan Heath Court

City  
Raleigh

State  
NC

Zip Code  
27608-2058

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2020

**Transaction ID : SA11AI.26131**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 308

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mather, Kevin, , ,

Mailing Address 1344 Dylan Heath Court

City  
RaleighState  
NCZip Code  
27608-2058FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best effortsOccupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2020

Transaction ID : SA11AI.26891

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mather, Kevin, , ,

Mailing Address 1344 Dylan Heath Court

City  
RaleighState  
NCZip Code  
27608-2058FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best effortsOccupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2020

Transaction ID : SA11AI.29531

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Maynes, Jennifer, , ,

Mailing Address 4267 West Gold Creek Drive

City  
South JordanState  
UTZip Code  
84009-7752FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best effortsOccupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 09 / 2020

Transaction ID : SA11AI.27576

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McCarthy, Christina, , ,**

Mailing Address 25 Wallace Grove Lane

City  
Milford

State  
OH

Zip Code  
45150-5114

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2020

Transaction ID : SA11AI.27197

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McCloskey, James, , ,**

Mailing Address 15017 7th Avenue

City  
Whitestone

State  
NY

Zip Code  
11357-1208

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SOCIAL SECURITY ADMIN

Occupation (for Individual)  
TECHNICAL ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2020

Transaction ID : SA11AI.25791

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McComish, Madeline, , ,**

Mailing Address 12 Hampshire Street

City  
Everett

State  
MA

Zip Code  
02149-3702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TIAX LLC

Occupation (for Individual)  
Chemist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2020

Transaction ID : SA11AI.24395

Amount of Each Receipt this Period

200.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McCully, Leanna, K., ,**

Mailing Address 1716 Gregory Street

City  
Ypsilanti

State  
MI

Zip Code  
48197-1697

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

School Psychologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 02 / 2020

Transaction ID : SA11AI.26489

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McDonald, Charles, , ,**

Mailing Address 12445 Wedgewood Place Northwest

City

Coon Rapids

State

MN

Zip Code

55433-6776

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2020

Transaction ID : SA11AI.25678

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McDowell, H. Clay, , ,**

Mailing Address 328 Smith Rd.

City

Rising Sun

State

MD

Zip Code

21911-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2020

Transaction ID : SA11AI.25377

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McNamara, Steven, , ,**

Mailing Address 812 North Walnut Street

City  
Minonk

State  
IL

Zip Code  
61760-1060

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2020

**Transaction ID : SA11AI.24523**

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McNamara, Steven, , ,**

Mailing Address 812 North Walnut Street

City  
Minonk

State  
IL

Zip Code  
61760-1060

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2020

**Transaction ID : SA11AI.26261**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McNamara, Steven, , ,**

Mailing Address 812 North Walnut Street

City  
Minonk

State  
IL

Zip Code  
61760-1060

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2020

**Transaction ID : SA11AI.27162**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

135.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McNamara, Steven, , ,**

Mailing Address 812 North Walnut Street

City  
Minonk

State  
IL

Zip Code  
61760-1060

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2020

Transaction ID : SA11AI.28872

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McNicoll, Timothy, , ,**

Mailing Address 2876 Sycamore Dr Suite 101

City

Simi Valley

State

CA

Zip Code

93065-1550

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Adventist Health Physicians Ne

Occupation (for Individual)

Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2020

Transaction ID : SA11AI.26272

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Meggs, Matthew, , ,**

Mailing Address 24845 Teal Loop

City

Chugiak

State

AK

Zip Code

99567-5158

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

553.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2020

Transaction ID : SA11AI.29184

Amount of Each Receipt this Period

553.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

703.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Meissner, Joseph, , ,**

Mailing Address 2234 West Boulevard

City  
Cleveland

State  
OH

Zip Code  
44102

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
meissner and associates

Occupation (for Individual)  
law

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2020

**Transaction ID : SA11AI.26132**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Messinger, Paul, , ,**

Mailing Address 11060 North 94th Street

City  
Scottsdale

State  
AZ

Zip Code  
85260-6111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Messinger Mortuary

Occupation (for Individual)  
funeral director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 22 / 2020

**Transaction ID : SA11AI.25161**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Millsap, Christine, , ,**

Mailing Address 917 Simmons Avenue

City  
Kirkwood

State  
MO

Zip Code  
63122-2616

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2020

**Transaction ID : SA11AI.28162**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Minks, Rachel, , ,**

Mailing Address 17024 Barium Street Northwest

City  
Andover

State  
MN

Zip Code  
55304

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2020

Transaction ID : SA11AI.24407

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Minks, Rachel, , ,**

Mailing Address 17024 Barium Street Northwest

City  
Andover

State  
MN

Zip Code  
55304

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2020

Transaction ID : SA11AI.29182

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mischel, James, V., , Sr.**

Mailing Address 6101 Associated Boulevard Suite 10

City  
Everett

State  
WA

Zip Code  
98203-7166

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Electric Mirror

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2020

Transaction ID : SA11AI.25357

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Miyares, Elena, H., ,**

Mailing Address 6321 13th Ave N

City

Saint Petersburg

State

FL

Zip Code

33710-5507

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2020

Transaction ID : SA11AI.23838

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Monk, John, , ,**

Mailing Address 23 Roxanna Lane

City

Kingston

State

RI

Zip Code

02881-1227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
information requested per best efforts

Occupation (for Individual)

information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2020

Transaction ID : SA11AI.27771

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Monk, John, , ,**

Mailing Address 23 Roxanna Lane

City

Kingston

State

RI

Zip Code

02881-1227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
information requested per best efforts

Occupation (for Individual)

information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2020

Transaction ID : SA11AI.29489

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

170.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mooney, Martin & Christina, , ,**

Mailing Address 5591 Squirrel Run Lane

City  
Cincinnati

State  
OH

Zip Code  
45247

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Frost Brown Todd

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2020

Transaction ID : SA11AI.29186

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moore, Robert, , ,**

Mailing Address 58 Oriole Way

City

Santa Rosa

State  
CA

Zip Code  
95409-4115

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2020

Transaction ID : SA11AI.24085

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Morrissey, Daniel, , ,**

Mailing Address 1536 Cornwall Road

City

Lebanon

State  
PA

Zip Code  
17042

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 14 / 2020

Transaction ID : SA11AI.29134

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Morton, Lorrie, , ,**

Mailing Address 79 Elm Street

City

Charlestown

State

MA

Zip Code

21291

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

HR management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 22 / 2020

Transaction ID : SA11AI.29734

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mosteller, Richard, , ,**

Mailing Address 49470 Pine Ridge Court

City

Plymouth

State

MI

Zip Code

48170

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 07 / 2020

Transaction ID : SA11AI.27260

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mosteller, Richard, , ,**

Mailing Address 49470 Pine Ridge Court

City

Plymouth

State

MI

Zip Code

48170

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 11 / 2020

Transaction ID : SA11AI.28353

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Muir, Robert, , ,

Mailing Address 1314 E. Hillside Drive

City  
PeoriaState  
ILZip Code  
61614-3151FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2020

Transaction ID : SA11AI.24089

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mulaney, Eileen, , ,

Mailing Address 501 Jennmar Way

City

Bethany Beach

State

DE

Zip Code

19930

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2020

Transaction ID : SA11AI.25391

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Murnane, John, , ,

Mailing Address 10 Marian Place

City

Millwood

State

NY

Zip Code

10546-1135

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Fitzpatrick Cella Harper and Scinto

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2020

Transaction ID : SA11AI.25354

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

5500.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Muscari, Tracy, , ,**

Mailing Address 1385 West Winnie Lane

City  
Carson City

State  
NV

Zip Code  
89703-2017

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self

Occupation (for Individual)  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 18 / 2020

Transaction ID : SA11AI.29325

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nadorff, Lois Anne, , ,**

Mailing Address 3895 S. Hillcrest Drive

City  
Denver

State  
CO

Zip Code  
80237-1107

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
US Bank

Occupation (for Individual)  
Credit analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 06 / 2020

Transaction ID : SA11AI.26947

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Navatsyk, Anna, , ,**

Mailing Address 12444 Woodin Rd.

City  
OH

State  
OH

Zip Code  
44024

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
information requested per best efforts

Occupation (for Individual)  
information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 23 / 2020

Transaction ID : SA11AI.29933

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

950.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Neusch, Anthony, , ,**

Mailing Address 16 Poplar Street

City  
Closter

State  
NJ

Zip Code  
07624-1037

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2020

**Transaction ID : SA11AI.25513**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Neyer, Jay, , ,**

Mailing Address 11 Driftwood Ln

City

Palm Coast

State

FL

Zip Code

32137-3366

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2020

**Transaction ID : SA11AI.28202**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Niese, Gregory, , ,**

Mailing Address 7200 Swift Way

City

Columbus

State

OH

Zip Code

43235-2089

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 08 / 2020

**Transaction ID : SA11AI.27313**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NOELL, KARL, ,**

Mailing Address 630 GREENBRIAR RD

City  
LAFAYETTE

State  
LA

Zip Code  
70503

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2020

Transaction ID : SA11AI.28181

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Norton, Ed, T., , II**

Mailing Address 3501 Illinois Avenue Apt. C11

City  
Louisville

State  
KY

Zip Code  
40213-1051

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Part time realtor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2020

Transaction ID : SA11AI.23850

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Norton, Ed, T., , II**

Mailing Address 3501 Illinois Avenue Apt. C11

City  
Louisville

State  
KY

Zip Code  
40213-1051

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Part time realtor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2020

Transaction ID : SA11AI.24500

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

530.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Navarro, Steve, , ,**

Mailing Address 712 North Garfield Avenue

City  
Alhambra

State  
CA

Zip Code  
91801-1449

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 13 / 2020

Transaction ID : SA11AI.29018

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. OConnor, John, , ,**

Mailing Address 23 Reservation Road

City

Easthampton

State

MA

Zip Code

01027

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 07 / 2020

Transaction ID : SA11AI.27266

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ODonnell, Tom, , ,**

Mailing Address 2165 Gulf of Mexico Drive #141

City

Longboat Key

State

FL

Zip Code

34228-5201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
information requested per best efforts

Occupation (for Individual)  
information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

11 / 20 / 2020

Transaction ID : SA11AI.29573

Amount of Each Receipt this Period

3000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ohara, Peter, , ,**

Mailing Address 21 Camelot Lane

City  
St James

State  
NY

Zip Code  
11780-3103

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 02 / 2020

Transaction ID : SA11AI.26496

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ohara, Peter, , ,**

Mailing Address 21 Camelot Lane

City  
St James

State  
NY

Zip Code  
11780-3103

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2020

Transaction ID : SA11AI.26894

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. OLeary-Kurtz, Debra, , ,**

Mailing Address 11608 East Pawnee Street

City  
Wichita

State  
KS

Zip Code  
67207-6410

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Via Christi Health

Occupation (for Individual)

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2020

Transaction ID : SA11AI.24399

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Olivares, Callista, , ,**

Mailing Address 272 N. Ashley Drive

City  
Chandler

State  
AZ

Zip Code  
85225-4126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2020

**Transaction ID : SA11AI.26276**

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. O'Reilly, David, , ,**

Mailing Address 2831 South Ingram Mill Road

City  
Springfield

State  
MO

Zip Code  
65804

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
O'Reilly Auto parts

Occupation (for Individual)  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2020

**Transaction ID : SA11AI.24813**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. O'Reilly, David, , ,**

Mailing Address 2831 South Ingram Mill Road

City  
Springfield

State  
MO

Zip Code  
65804

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
O'Reilly Auto parts

Occupation (for Individual)  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2020

**Transaction ID : SA11AI.27258**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

675.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ostrowski, David, , ,**

Mailing Address 4305 Ashford Lane

City  
Fairfax

State  
VA

Zip Code  
22032-1436

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Remax

Occupation (for Individual)

Realtor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2020

Transaction ID : SA11AI.24409

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ostrowski, Ray, , ,**

Mailing Address 281 Chesterfield Arneytown Road

City

Wrightstown

State

NJ

Zip Code

85622

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Honey Brook Organic Farm

Occupation (for Individual)

Facilities Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2020

Transaction ID : SA11AI.23978

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ostrowski, Ray, , ,**

Mailing Address 281 Chesterfield Arneytown Road

City

Wrightstown

State

NJ

Zip Code

85622

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Honey Brook Organic Farm

Occupation (for Individual)

Facilities Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

397.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2020

Transaction ID : SA11AI.24486

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

360.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ostrowski, Ray, , ,**

Mailing Address 281 Chesterfield Arneytown Road

City

Wrightstown

State

NJ

Zip Code

85622

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Honey Brook Organic Farm

Occupation (for Individual)

Facilities Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2020

**Transaction ID : SA11AI.25449**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ostrowski, Ray, , ,**

Mailing Address 281 Chesterfield Arneytown Road

City

Wrightstown

State

NJ

Zip Code

85622

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Honey Brook Organic Farm

Occupation (for Individual)

Facilities Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2020

**Transaction ID : SA11AI.26110**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ostrowski, Ray, , ,**

Mailing Address 281 Chesterfield Arneytown Road

City

Wrightstown

State

NJ

Zip Code

85622

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Honey Brook Organic Farm

Occupation (for Individual)

Facilities Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

504.46

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 02 / 2020

**Transaction ID : SA11AI.26436**

Amount of Each Receipt this Period

37.46

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

107.46

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ostrowski, Ray, , ,**

Mailing Address 281 Chesterfield Arneytown Road

City

Wrightstown

State

NJ

Zip Code

85622

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Honey Brook Organic Farm

Occupation (for Individual)

Facilities Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

554.46

Date of Receipt

11 / 06 / 2020

Transaction ID : SA11AI.26845

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ostrowski, Ray, , ,**

Mailing Address 281 Chesterfield Arneytown Road

City

Wrightstown

State

NJ

Zip Code

85622

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Honey Brook Organic Farm

Occupation (for Individual)

Facilities Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

589.46

Date of Receipt

11 / 09 / 2020

Transaction ID : SA11AI.27431

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ostrowski, Ray, , ,**

Mailing Address 281 Chesterfield Arneytown Road

City

Wrightstown

State

NJ

Zip Code

85622

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Honey Brook Organic Farm

Occupation (for Individual)

Facilities Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

619.46

Date of Receipt

11 / 19 / 2020

Transaction ID : SA11AI.29368

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pace, Cathy, , ,**

Mailing Address 205 Circle Drive

City  
Benton

State  
KY

Zip Code  
42025-8884

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2020

Transaction ID : SA11AI.25565

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pannill, Alice, , ,**

Mailing Address 4 South Lake Trail

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 22 / 2020

Transaction ID : SA11AI.25160

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pannill, Alice, , ,**

Mailing Address 4 South Lake Trail

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2020

Transaction ID : SA11AI.25987

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pannill, Alice, , ,**

Mailing Address 4 South Lake Trail

City  
Palm Beach

State  
FL

Zip Code  
33480

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2020

**Transaction ID : SA11AI.27261**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Papadopoulos, Rose, , ,**

Mailing Address 445 West Street

City  
Harrison

State  
NY

Zip Code  
10528-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Izzo Electric Inc

Occupation (for Individual)

office manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 11 / 2020

**Transaction ID : SA11AI.28354**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Parker, Jim, , ,**

Mailing Address PO Box 3947

City  
Fresno

State  
CA

Zip Code  
93650

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2020

**Transaction ID : SA11AI.25351**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Parlato, Carolyn, , ,**

Mailing Address 1529 Crestview Avenue

City  
Tallahassee

State  
FL

Zip Code  
32303-5815

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2020

Transaction ID : SA11AI.24092

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Contribution: Earmarked through Susan B. Anthony List  
Inc. Candidate Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Parlato, Carolyn, , ,**

Mailing Address 1529 Crestview Avenue

City  
Tallahassee

State  
FL

Zip Code  
32303-5815

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 19 / 2020

Transaction ID : SA11AI.29446

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Perez, Rosemary, , ,**

Mailing Address 6822 Oregon Street

City  
Buena Park

State  
CA

Zip Code  
90621-3607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

St. Joseph Hospital

Occupation (for Individual)

Mammographer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 04 / 2020

Transaction ID : SA11AI.26630

Amount of Each Receipt this Period

3000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

9000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Perri, Tim, , ,**

Mailing Address 4975 Southwest 65th Avenue

City  
Portland

State  
OR

Zip Code  
97221-1172

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Best Buy in Town Inc.

Occupation (for Individual)

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2020

**Transaction ID : SA11AI.24095**

Amount of Each Receipt this Period

30000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Perri, Tim, , ,**

Mailing Address 4975 Southwest 65th Avenue

City  
Portland

State  
OR

Zip Code  
97221-1172

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Best Buy in Town Inc.

Occupation (for Individual)

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2020

**Transaction ID : SA11AI.29284**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Perri, Tim, , ,**

Mailing Address 4975 Southwest 65th Avenue

City  
Portland

State  
OR

Zip Code  
97221-1172

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Best Buy in Town Inc.

Occupation (for Individual)

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

76000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2020

**Transaction ID : SA11AI.29564**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

41000.00

# SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Peters, Jay, L., ,

Mailing Address 3811 Darwin Road

City  
DurhamState  
NCZip Code  
27707-5307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Durham Tech Comm CollegeOccupation (for Individual)  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2020

Transaction ID : SA11AI.29179

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Plumlee, Stephen, , ,

Mailing Address 2714 Orchid Oaks Drive

City  
SarasotaState  
FLZip Code  
34239-6435FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
information requested per best effortsOccupation (for Individual)  
information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2020

Transaction ID : SA11AI.29189

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Popowski, Eric, , ,

Mailing Address 1509 Ferndale Avenue Southeast

City  
RentonState  
WAZip Code  
98058-4612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pande Cameron and Co.Occupation (for Individual)  
Sales Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2020

Transaction ID : SA11AI.28179

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1400.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Porter, Jeff, , ,**

Mailing Address 346 South Buena Vista Avenue

City  
Gilbert

State  
AZ

Zip Code  
85296-1611

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retired

Occupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2020

Transaction ID : SA11AI.25640

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Porter, Jeff, , ,**

Mailing Address 346 South Buena Vista Avenue

City  
Gilbert

State  
AZ

Zip Code  
85296-1611

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retired

Occupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 18 / 2020

Transaction ID : SA11AI.29328

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Prescott, Stephen, , ,**

Mailing Address 2021 North Broad Street

City  
Fremont

State  
NE

Zip Code  
68025-2947

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St. Mark Lutheran Church - Omaha

Occupation (for Individual)  
Interim Dir. of Christian Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2020

Transaction ID : SA11AI.25352

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4500.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Price, Elizabeth, , ,**

Mailing Address 10542 Fawn Ridge Lane

City  
Indianapolis

State  
IN

Zip Code  
46236

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2020

**Transaction ID : SA11AI.24059**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Price, Elizabeth, , ,**

Mailing Address 10542 Fawn Ridge Lane

City  
Indianapolis

State  
IN

Zip Code  
46236

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2020

**Transaction ID : SA11AI.25940**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Price, Helen, , ,**

Mailing Address 150 South Rockingham Avenue

City  
Los Angeles

State  
CA

Zip Code  
90049-2514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2020

**Transaction ID : SA11AI.24186**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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**TOTAL** This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pritz, Amy, , ,**

Mailing Address 12651 Ryan Circle

City  
Mustang

State  
OK

Zip Code  
73064-9768

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 11 / 2020

Transaction ID : SA11AI.28356

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Proposki, Yvette, , ,**

Mailing Address 12 Story Street

City  
Rockport

State  
MA

Zip Code  
01966-1228

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2020

Transaction ID : SA11AI.24568

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pustejovsky, Mary, Ann, ,**

Mailing Address 8867 Inkster Street

City  
Lenexa

State  
KS

Zip Code  
66227-7500

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 19 / 2020

Transaction ID : SA11AI.29429

Amount of Each Receipt this Period

100.00

☐ Memo Item

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650.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Quigley, Laura, , ,**

Mailing Address 20412 Sawgrass Drive

City  
Gaithersburg

State  
MD

Zip Code  
20886-4597

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Permits Plus Inc

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2020

**Transaction ID : SA11AI.24632**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rakunas, Lawrence, , ,**

Mailing Address 1150 Willowgate Lane

City  
Saint Charles

State  
IL

Zip Code  
60174-4143

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2020

**Transaction ID : SA11AI.29190**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. rangus, scott, , ,**

Mailing Address 40022 n 106 place

City  
Scottsdale

State  
AZ

Zip Code  
85262

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ingredients Solutions Inc.

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 19 / 2020

**Transaction ID : SA11AI.29438**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rast, Clay, , ,

Mailing Address 111 Brookwood Trail

City  
WaleskaState  
GAZip Code  
30183-3176FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rast Drywall Inc.Occupation (for Individual)  
Drywall Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2020

Transaction ID : SA11AI.24091

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reardon, Michael, P., ,

Mailing Address 5 South River Court

City  
Grosse Pointe WoodsState  
MIZip Code  
48236-1297FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 09 / 2020

Transaction ID : SA11AI.27580

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rehder, Orville, , ,

Mailing Address 3861 Cleveland Avenue

City  
HawardenState  
IAZip Code  
51023-7413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retiredOccupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2020

Transaction ID : SA11AI.23809

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1550.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 OF 308

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rehder, Orville, , ,

Mailing Address 3861 Cleveland Avenue

City  
HawardenState  
IAZip Code  
51023-7413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retiredOccupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2020

Transaction ID : SA11AI.25712

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reuben, Michael, , ,

Mailing Address 38250 PRATT RD

City  
TemeculaState  
CAZip Code  
92592FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best effortsOccupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2020

Transaction ID : SA11AI.27257

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Riley, Don, , ,

Mailing Address 8047 Fairfax Rd

City  
AlexandriaState  
VAZip Code  
22308-1408FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
information requested per best effortsOccupation (for Individual)  
information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2020

Transaction ID : SA11AI.25376

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

375.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Roberts, James, , ,**

Mailing Address 260 Rope Mill Rd.

City  
Woodstock

State  
GA

Zip Code  
30188

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2020

Transaction ID : SA11AI.25989

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Roche, William, E., ,**

Mailing Address 1045 Gulf of Mexico Drive # 505

City  
Longboat Key

State  
FL

Zip Code  
34228-3627

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2020

Transaction ID : SA11AI.25888

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rodriguez, Veronica, , ,**

Mailing Address 2900 juanita place

City  
Fullerton

State  
CA

Zip Code  
92835-2404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Homemaker

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 21 / 2020

Transaction ID : SA11AI.29695

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

585.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Romero, Carmen, , ,**

Mailing Address 23415 Quail Summit Drive

City  
Diamond Bar

State  
CA

Zip Code  
91765-2633

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2020

Transaction ID : SA11AI.24518

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Romero, Carmen, , ,**

Mailing Address 23415 Quail Summit Drive

City  
Diamond Bar

State  
CA

Zip Code  
91765-2633

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2020

Transaction ID : SA11AI.25830

Amount of Each Receipt this Period

17.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Romero, Carmen, , ,**

Mailing Address 23415 Quail Summit Drive

City  
Diamond Bar

State  
CA

Zip Code  
91765-2633

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

477.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2020

Transaction ID : SA11AI.25893

Amount of Each Receipt this Period

35.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

87.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rothert, John, , ,**

Mailing Address 175 1st Ave S

City  
naples

State  
FL

Zip Code  
34102

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2020

**Transaction ID : SA11AI.28199**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ruby, Lauretta, , ,**

Mailing Address 3909 Edgewood Avenue North

City

Minneapolis

State

MN

Zip Code

55427-1435

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
information requested per best efforts

Occupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2020

**Transaction ID : SA11AI.24624**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rusk, Thomas, , ,**

Mailing Address 3102 Limestone Circle

City

Cincinnati

State

OH

Zip Code

45239-7106

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
information requested per best efforts

Occupation (for Individual)  
information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 04 / 2020

**Transaction ID : SA11AI.26629**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Sarkes Tarzian Inc.**

Mailing Address 205 N. College Ave.  
Ste 800

City  
Bloomington

State  
IN

Zip Code  
47404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2020

**Transaction ID : SA11AI.28208**

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Saunders, Sherry, , ,**

Mailing Address 2205 Hilltop Dr Po Box 2004

City  
Redding

State  
CA

Zip Code  
96002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
information requested per best efforts

Occupation (for Individual)  
information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2020

**Transaction ID : SA11AI.29443**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Scamihorn, Susan, , ,**

Mailing Address 5537 Harwood Road

City  
Wabash

State  
IN

Zip Code  
46992

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2020

**Transaction ID : SA11AI.28195**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Schell, Frank, , , M.D.**

Mailing Address 545 Bennett Street

City  
Luzerne

State  
PA

Zip Code  
18709-1330

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2020

**Transaction ID : SA11AI.24181**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Schell, Frank, , , M.D.**

Mailing Address 545 Bennett Street

City  
Luzerne

State  
PA

Zip Code  
18709-1330

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2020

**Transaction ID : SA11AI.24602**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Schell, Frank, , , M.D.**

Mailing Address 545 Bennett Street

City  
Luzerne

State  
PA

Zip Code  
18709-1330

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2020

**Transaction ID : SA11AI.26946**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Schroeder, M., , ,**

Mailing Address 3611 North Trainer Road

City  
Rockford

State  
IL

Zip Code  
61114

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2020

Transaction ID : SA11AI.29020

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Schroeder, Tracey, , ,**

Mailing Address 18645 Hatteras St 288

City  
Tarzana

State  
CA

Zip Code  
91356-1877

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2020

Transaction ID : SA11AI.29014

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Schulze, Sheri, , ,**

Mailing Address 6025 Winterthur Drive

City  
Atlanta

State  
GA

Zip Code  
30328-4623

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2020

Transaction ID : SA11AI.28563

Amount of Each Receipt this Period

15000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

16250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sciulli, Nanette, , ,**

Mailing Address 94-424 Kuahui Street

City  
Waipahu

State  
HI

Zip Code  
96797-4532

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Superior Technology & Supplies Corp

Occupation (for Individual)  
Admin Assist/Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 01 / 2020

Transaction ID : SA11AI.26264

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Serig, Charles, , ,**

Mailing Address 15800 W Prestwick PL

City  
Miami Lakes

State  
FL

Zip Code  
33014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 17 / 2020

Transaction ID : SA11AI.24184

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Serig, Charles, , ,**

Mailing Address 15800 W Prestwick PL

City  
Miami Lakes

State  
FL

Zip Code  
33014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 06 / 2020

Transaction ID : SA11AI.26920

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Serig, Charles, , ,**

Mailing Address 15800 W Prestwick PL

City  
Miami Lakes

State  
FL

Zip Code  
33014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2020

Transaction ID : SA11AI.29428

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Shipley, John, S., ,**

Mailing Address 65 West 5th Avenue Apt. 216

City  
San Mateo

State  
CA

Zip Code  
94402-2041

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Oracle Corporation

Occupation (for Individual)  
IT Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 08 / 2020

Transaction ID : SA11AI.27330

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Show, Renee, D., ,**

Mailing Address 1102 South Slope Bay

City  
Zanesville

State  
OH

Zip Code  
43701-1568

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2020

Transaction ID : SA11AI.23857

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Show, Renee, D., ,**

Mailing Address 1102 South Slope Bay

City  
Zanesville

State  
OH

Zip Code  
43701-1568

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 26 / 2020

Transaction ID : SA11AI.25575

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Siegert, John, , ,**

Mailing Address P.O. Box 170678

City

Milwaukee

State

WI

Zip Code

53217-8056

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Medical consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2020

Transaction ID : SA11AI.24763

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Slavic, John, , ,**

Mailing Address 1075 Broken Sound Parkway NW Suite

City

Boca Raton

State

FL

Zip Code

33487-3541

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Slavic401k

Occupation (for Individual)

Founder and President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 14 / 2020

Transaction ID : SA11AI.29137

Amount of Each Receipt this Period

25000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25350.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Franklin, , ,**

Mailing Address W338N5215 Township Road O

City  
Nashotah

State  
WI

Zip Code  
53058-9304

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wilkinson Clinic

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 09 / 2020

Transaction ID : SA11AI.27570

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Franklin, , ,**

Mailing Address W338N5215 Township Road O

City  
Nashotah

State  
WI

Zip Code  
53058-9304

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wilkinson Clinic

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 19 / 2020

Transaction ID : SA11AI.29439

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sneed, Joe, , ,**

Mailing Address 56205 302nd Street

City  
Malvern

State  
IA

Zip Code  
51551-5022

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2020

Transaction ID : SA11AI.29559

Amount of Each Receipt this Period

150.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Snyder, Maryann, , ,**

Mailing Address 11585 Shelborne Road

City  
Carmel

State  
IN

Zip Code  
46032-9528

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 19 / 2020

Transaction ID : SA11AI.29444

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sprankle, Joseph, F., , II**

Mailing Address 901 Freers Court

City

Chesapeake

State

VA

Zip Code

23322-4260

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2020

Transaction ID : SA11AI.25677

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. St. John, Frank, , ,**

Mailing Address 6803 Dean Drive

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2020

Transaction ID : SA11AI.24815

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. St. John, Frank, , ,

Mailing Address 6803 Dean Drive

City  
McLean

State  
VA

Zip Code  
22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2020

Transaction ID : SA11AI.27272

Amount of Each Receipt this Period

20000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stellhorn, Andrew, D., ,

Mailing Address 723 Lehigh Road

City  
Newark

State  
DE

Zip Code  
19711-4904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2020

Transaction ID : SA11AI.29009

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Steyn, Ruth, , ,

Mailing Address 3356 Whippoorwill Lane

City  
Oxford

State  
MS

Zip Code  
38655-5311

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2020

Transaction ID : SA11AI.24392

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

20450.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stith, Richard, , ,**

Mailing Address 812 Brown Street

City  
Valparaiso

State  
IN

Zip Code  
46383-5855

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2020

**Transaction ID : SA11AI.29575**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Storer, Carol, J., ,**

Mailing Address 2762 Little Caney Way

City  
Conroe

State  
TX

Zip Code  
77301-5086

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2020

**Transaction ID : SA11AI.25177**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stotzer, Reinhard, , ,**

Mailing Address 2912 Florida Street Northeast

City  
Albuquerque

State  
NM

Zip Code  
87110-3366

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Intel Corp.

Occupation (for Individual)

Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2020

**Transaction ID : SA11AI.25673**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5260.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stover, Mickie, , ,**

Mailing Address 7139 South Poplar Lane

City  
Centennial

State  
CO

Zip Code  
80112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 13 / 2020

Transaction ID : SA11AI.29011

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Street, Cassius, , ,**

Mailing Address 519 Ferndale Road North

City  
Wayzata

State  
MN

Zip Code  
55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 13 / 2020

Transaction ID : SA11AI.28943

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sullivan, Thomas, F. P., ,**

Mailing Address 905 Ponte Vedra Boulevard

City  
Ponte Vedra Beach

State  
FL

Zip Code  
32082-3524

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Government Institutes Inc

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2020

Transaction ID : SA11AI.29566

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Summers, Donald, , ,**

Mailing Address 801 Frontage Road Apt. 203

City  
Oxford

State  
MS

Zip Code  
38655-5124

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Mississippi

Occupation (for Individual)  
Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2020

**Transaction ID : SA11AI.24418**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Summers, Donald, , ,**

Mailing Address 801 Frontage Road Apt. 203

City  
Oxford

State  
MS

Zip Code  
38655-5124

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Mississippi

Occupation (for Individual)  
Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2020

**Transaction ID : SA11AI.29187**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sundry, Patrick, , ,**

Mailing Address 5306 N Ossineke Drive

City  
Spring

State  
TX

Zip Code  
77386-3794

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ExxonMobil

Occupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2020

**Transaction ID : SA11AI.26903**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

11100.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Susan B Anthony List, Inc.**

Mailing Address 2800 Shirlington Rd  
Ste 1200

City  
Arlington

State  
VA

Zip Code  
22206

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2020

Transaction ID : SA11Al.30282

Amount of Each Receipt this Period

500000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Susan B Anthony List, Inc.**

Mailing Address 2800 Shirlington Rd  
Ste 1200

City  
Arlington

State  
VA

Zip Code  
22206

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2020

Transaction ID : SA11Al.30283

Amount of Each Receipt this Period

1200000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Suter, George & Janie, , ,**

Mailing Address 2580 Greenwood Acres Drive

City  
Dekalb

State  
IL

Zip Code  
60115-4913

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2020

Transaction ID : SA11Al.25358

Amount of Each Receipt this Period

100000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1800000.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Swift, Zeke & Beth, , ,**

Mailing Address 7281 Treeridge Drive

City  
Cincinnati

State  
OH

Zip Code  
45244-3553

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Common Sense Issues

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2020

Transaction ID : SA11AI.27270

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tarquinio, Anthony, , ,**

Mailing Address 18700 Florida Street Apt. 111

City

Huntington Beach

State

CA

Zip Code

92648-1961

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2020

Transaction ID : SA11AI.25671

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tarzian, Tom, , ,**

Mailing Address 1100 South High Street

City

Bloomington

State

IN

Zip Code

47401-6108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sarkes Tarzian Inc.

Occupation (for Individual)  
Chairman of Board of Directors

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

75000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2020

Transaction ID : SA11AI.28207

Amount of Each Receipt this Period

25000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

26250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Taylor, Mary, , ,**

Mailing Address 2 Hatteras Court

City  
Hilton Head Island

State  
SC

Zip Code  
29926

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2020

Transaction ID : SA11AI.26941

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tembrock, James, , ,**

Mailing Address 1212 36th Avenue North

City  
Saint Cloud

State  
MN

Zip Code  
56303-1537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2020

Transaction ID : SA11AI.29441

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tenn, Daniel, , ,**

Mailing Address 10163 E Hualapai Dr

City  
Scottsdale

State  
AZ

Zip Code  
85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 15 / 2020

Transaction ID : SA11AI.29164

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Thibado, Lynda, , ,**

Mailing Address N1902 590th Street

City  
Menomonie

State  
WI

Zip Code  
54751-5679

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2020

**Transaction ID : SA11AI.27783**

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thornton, marianne, , ,**

Mailing Address Po box 3580

City  
San Clement

State  
CA

Zip Code  
92674

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Research

Occupation (for Individual)  
sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 19 / 2020

**Transaction ID : SA11AI.29436**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thurman, Stephanie, , ,**

Mailing Address 441 CR 4220

City  
Mount Pleasant

State  
TX

Zip Code  
75456

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Thurmans Pro-Med Pharmacy

Occupation (for Individual)  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 13 / 2020

**Transaction ID : SA11AI.28936**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

385.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Turrentine, Patricia, , ,**

Mailing Address 131 Oak Manor Drive

City  
Fairfax

State  
CA

Zip Code  
94930-1012

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Homemaker

Occupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 09 / 2020

**Transaction ID : SA11AI.27583**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tyler, Edward, , ,**

Mailing Address 200 Fort Meade Road Apt. 804

City  
Laurel

State  
MD

Zip Code  
20707-4429

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2020

**Transaction ID : SA11AI.24415**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Uihlein, Richard, E., ,**

Mailing Address 1396 North Waukegan Road

City  
Lake Forest

State  
IL

Zip Code  
60045-1147

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Uline

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2020

**Transaction ID : SA11AI.25359**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1002000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Uihlein, Richard, E., ,**

Mailing Address 1396 North Waukegan Road

City  
Lake Forest

State  
IL

Zip Code  
60045-1147

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Uline

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2020

**Transaction ID : SA11AI.29195**

Amount of Each Receipt this Period

750000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Van Arkel, Rebecca, , ,**

Mailing Address 13329 Rocklyn Drive

City  
Urbandale

State  
IA

Zip Code  
50323

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 12 / 2020

**Transaction ID : SA11AI.28540**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Van Beek, Gregg, , ,**

Mailing Address 609 18th ave NE

City  
Aberdeen

State  
SD

Zip Code  
57491

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
northeastern Dental center

Occupation (for Individual)

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2020

**Transaction ID : SA11AI.29281**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750350.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Vater Jr, Eugene J, , ,**

Mailing Address 250 Grant Ave B-23

City  
Lyndhurst

State  
NJ

Zip Code  
07071-1933

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Chemist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 09 / 2020

Transaction ID : SA11AI.27430

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Waibel, Wm, , ,**

Mailing Address 133 East Erickson Road

City  
Pinconning

State  
MI

Zip Code  
48650-9457

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2020

Transaction ID : SA11AI.25802

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Walkauskas, Greg, , ,**

Mailing Address 8040 Edwood Road

City  
Pittsburgh

State  
PA

Zip Code  
15237-5615

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2020

Transaction ID : SA11AI.24078

Amount of Each Receipt this Period

200.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

435.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Walker, Frances, , ,

Mailing Address 5920 North Camino Padre Isidoro

City  
TucsonState  
AZZip Code  
85718-4032FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2020

Transaction ID : SA11AI.28962

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Watters-Moeller, Amy, , ,

Mailing Address 24 Nicholas Ct

City  
EldridgeState  
IAZip Code  
52748-9592FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2020

Transaction ID : SA11AI.26570

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Watters-Moeller, Amy, , ,

Mailing Address 24 Nicholas Ct

City  
EldridgeState  
IAZip Code  
52748-9592FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2020

Transaction ID : SA11AI.26916

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

235.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Watters-Moeller, Amy, , ,**

Mailing Address 24 Nicholas Ct

City  
Eldridge

State  
IA

Zip Code  
52748-9592

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

11 / 10 / 2020

Transaction ID : SA11AI.28173

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Weber, Rebecca, , ,**

Mailing Address 2510 Rio Largo Court

City

Punta Gorda

State  
FL

Zip Code  
33950-6316

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.50

Date of Receipt

11 / 03 / 2020

Transaction ID : SA11AI.26529

Amount of Each Receipt this Period

17.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Weber, Rebecca, , ,**

Mailing Address 2510 Rio Largo Court

City

Punta Gorda

State  
FL

Zip Code  
33950-6316

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

452.50

Date of Receipt

11 / 03 / 2020

Transaction ID : SA11AI.26564

Amount of Each Receipt this Period

35.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

302.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Weber, Rebecca, , ,**

Mailing Address 2510 Rio Largo Court

City

Punta Gorda

State

FL

Zip Code

33950-6316

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

552.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2020

Transaction ID : SA11AI.28109

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Weddle, Beverly, , ,**

Mailing Address PO Box 2247

City

Pateros

State

WA

Zip Code

98846-2247

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
information requested per best efforts

Occupation (for Individual)

information requested per best efforts

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 23 / 2020

Transaction ID : SA11AI.29935

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wehrle, Bernadette, , ,**

Mailing Address 3905 Potash Hill Rd

City

Vernon Center

State

NY

Zip Code

13477

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2020

Transaction ID : SA11AI.27177

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 OF 308

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. West, Peter, , ,**

Mailing Address P.O. Box 10935

City  
Fairfield

State  
NJ

Zip Code  
07004-6935

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best efforts

Occupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 18 / 2020

Transaction ID : SA11AI.29323

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Whalen, W., Philip, ,**

Mailing Address 350 S Fairfield Road

City  
Bellbrook

State  
OH

Zip Code  
45305-9799

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2020

Transaction ID : SA11AI.24697

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Whalen, W., Philip, ,**

Mailing Address 350 S Fairfield Road

City  
Bellbrook

State  
OH

Zip Code  
45305-9799

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2020

Transaction ID : SA11AI.24766

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 OF 308

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Whalen, W., Philip, ,**

Mailing Address 350 S Fairfield Road

City  
Bellbrook

State  
OH

Zip Code  
45305-9799

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2020

Transaction ID : SA11AI.25665

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Whalen, W., Philip, ,**

Mailing Address 350 S Fairfield Road

City  
Bellbrook

State  
OH

Zip Code  
45305-9799

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2020

Transaction ID : SA11AI.25767

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Whitlock, John, , ,**

Mailing Address P.O. Box 130

City  
Mineral

State  
VA

Zip Code  
23117-0130

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Whitlock Group

Occupation (for Individual)

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 18 / 2020

Transaction ID : SA11AI.29326

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1150.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 OF 308

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Williams, Bob, , ,

Mailing Address 24 Sullivan Chase Drive

City  
AvondaleState  
PAZip Code  
19311-9349FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best effortsOccupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2020

Transaction ID : SA11AI.29013

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Willie, Glen, , ,

Mailing Address 2807 Deer Meadow

City  
DenisonState  
TXZip Code  
75020-7348FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2020

Transaction ID : SA11AI.29563

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Yother, Alton, E., ,

Mailing Address 1223 South Cove Lane

City  
Vestavia HillsState  
ALZip Code  
35216-3867FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information requested per best effortsOccupation (for Individual)  
Information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2020

Transaction ID : SA11AI.28555

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1000.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 144 OF 308

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Zaytoun, Mary Paula, , ,**

Mailing Address 809 Lakestone Drive

City  
Raleigh

State  
NC

Zip Code  
27609-6343

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

18000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2020

Transaction ID : SA11AI.24816

Amount of Each Receipt this Period

8000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Zucker, D., , ,**

Mailing Address 500 5th Ave. 43rd Floor

City  
New York

State  
NY

Zip Code  
10110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
information requested per best efforts

Occupation (for Individual)  
information requested per best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 23 / 2020

Transaction ID : SA11AI.29937

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

8250.00

4403795.46



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 145 OF 308

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. PRO-LIFE AMERICA GENERAL PURPOSE COMMITTEE**

Mailing Address 1707 1/2 POST OAK BLVD  
BOX 663

City  
HOUSTON

State  
TX

Zip Code  
77056

FEC ID number of contributing  
federal political committee.

**C** C00758060

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

607345.00

Date of Receipt

**10** / **16** / **2020**

**Transaction ID : SA11C.30275**

Amount of Each Receipt this Period

200000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. PRO-LIFE AMERICA GENERAL PURPOSE COMMITTEE**

Mailing Address 1707 1/2 POST OAK BLVD  
BOX 663

City  
HOUSTON

State  
TX

Zip Code  
77056

FEC ID number of contributing  
federal political committee.

**C** C00758060

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

707345.00

Date of Receipt

**10** / **29** / **2020**

**Transaction ID : SA11C.30276**

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. PRO-LIFE AMERICA GENERAL PURPOSE COMMITTEE**

Mailing Address 1707 1/2 POST OAK BLVD  
BOX 663

City  
HOUSTON

State  
TX

Zip Code  
77056

FEC ID number of contributing  
federal political committee.

**C** C00758060

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

713345.00

Date of Receipt

**11** / **06** / **2020**

**Transaction ID : SA11C.30279**

Amount of Each Receipt this Period

6000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

306000.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 OF 308

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PRO-LIFE AMERICA GENERAL PURPOSE COMMITTEE**

Mailing Address 1707 1/2 POST OAK BLVD  
BOX 663

City  
HOUSTON

State  
TX

Zip Code  
77056

FEC ID number of contributing  
federal political committee.

C

C00758060

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

723345.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2020

Transaction ID : SA11C.30280

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PRO-LIFE AMERICA GENERAL PURPOSE COMMITTEE**

Mailing Address 1707 1/2 POST OAK BLVD  
BOX 663

City  
HOUSTON

State  
TX

Zip Code  
77056

FEC ID number of contributing  
federal political committee.

C

C00758060

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

790363.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2020

Transaction ID : SA11C.30287

Amount of Each Receipt this Period

67018.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

77018.00

TOTAL This Period (last page this line number only).....▶

383018.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 OF 308  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Active Engagement**

Mailing Address 113 East Market St  
Suite 300

City  
Leesburg

State  
VA

Zip Code  
20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 19 / 2020

Transaction ID : SA15.30267

Amount of Each Receipt this Period

4000.00

☐ Memo Item

Refund of Overpayment: Media Placement / SMS  
Messaging

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Active Engagement**

Mailing Address 113 East Market St  
Suite 300

City  
Leesburg

State  
VA

Zip Code  
20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

32410.90

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 09 / 2020

Transaction ID : SA15.30266

Amount of Each Receipt this Period

28410.90

☐ Memo Item

Refund of Overpayment: Media Placement

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Campaign HQ**

Mailing Address PO Box 257

City  
Brooklyn

State  
IA

Zip Code  
52211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

30790.68

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2020

Transaction ID : SA15.30268

Amount of Each Receipt this Period

30790.68

☐ Memo Item

Refund of Overpayment: Phone Calls

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

63201.58

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 OF 308

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Headway Workforce Solutions Inc.**

Mailing Address 3100 Smoketree Ct.  
Suite 900

City Raleigh	State NC	Zip Code 27604
-----------------	-------------	-------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

172729.52

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 23 / 2020

**Transaction ID : SA15.30271**

Amount of Each Receipt this Period

110868.62

☐ Memo Item

Refund of Overpayment: Canvassing / Travel

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. The Richard Norman Company**

Mailing Address 113 E Market Street  
Suite 300

City Leesburg	State VA	Zip Code 20176
------------------	-------------	-------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9226.08

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 19 / 2020

**Transaction ID : SA15.30269**

Amount of Each Receipt this Period

9226.08

☐ Memo Item

Refund of Overpayment: Printing / Postage

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. The Richard Norman Company**

Mailing Address 113 E Market Street  
Suite 300

City Leesburg	State VA	Zip Code 20176
------------------	-------------	-------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

9573.25

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2020

**Transaction ID : SA15.30270**

Amount of Each Receipt this Period

347.17

☐ Memo Item

Refund of Overpayment: Printing / Postage

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120441.87

183643.45

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 149 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Advance Strategies, LLC**

Mailing Address 3125 North Nelson Street

City  
ArlingtonState  
VAZip Code  
22207Purpose of Disbursement  
Program Consulting Management - TX

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2020			

FEC Identification Number

**C****Transaction ID : SB21B.30293**

Amount of Each Disbursement this Period

32518.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. All Seasons Strategies, LLC**

Mailing Address P.O. Box 3521

City  
SpokaneState  
WAZip Code  
99202Purpose of Disbursement  
Food / Beverage / Field Supplies / Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2020			

FEC Identification Number

**C****Transaction ID : SB21B.30233**

Amount of Each Disbursement this Period

614.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. All Seasons Strategies, LLC**

Mailing Address P.O. Box 3521

City  
SpokaneState  
WAZip Code  
99202Purpose of Disbursement  
Food / Beverage / Field Supplies / Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2020			

FEC Identification Number

**C****Transaction ID : SB21B.30233**

Amount of Each Disbursement this Period

5677.78

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

38810.17

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 150 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. All Seasons Strategies, LLC**

Mailing Address P.O. Box 3521

City  
SpokaneState  
WAZip Code  
99202Purpose of Disbursement  
Assistant National Director Contractor Pay

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2020			

FEC Identification Number

**C****Transaction ID : SB21B.30230**

Amount of Each Disbursement this Period

525.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. All Seasons Strategies, LLC**

Mailing Address P.O. Box 3521

City  
SpokaneState  
WAZip Code  
99202Purpose of Disbursement  
Travel / Food / Beverage / Teleconferencing Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2020			

FEC Identification Number

**C****Transaction ID : SB21B.30231**

Amount of Each Disbursement this Period

16159.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. American Express**Mailing Address Three World Financial Center  
200 Vesey StreetCity  
New YorkState  
NYZip Code  
10285Purpose of Disbursement  
Credit Card Payment

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2020			

FEC Identification Number

**C****Transaction ID : SB21B.30237**

Amount of Each Disbursement this Period

22054.35

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

38739.22

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 151 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Hampton Inn**

Mailing Address 10015 Pendleton Way

City  
Cranberry TownshipState  
PAZip Code  
16066Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2020			

FEC Identification Number

**C****Transaction ID : SB21B.30237**

Amount of Each Disbursement this Period

12954.94

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. US Coachways**

Mailing Address 100 Saint Marys Avenue

City  
Staten IslandState  
NYZip Code  
10305Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2020			

FEC Identification Number

**C****Transaction ID : SB21B.30237**

Amount of Each Disbursement this Period

9091.66

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. American Express**Mailing Address Three World Financial Center  
200 Vesey StreetCity  
New YorkState  
NYZip Code  
10285Purpose of Disbursement  
Credit Card Paymet

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2020			

FEC Identification Number

**C****Transaction ID : SB21B.30234**

Amount of Each Disbursement this Period

21876.30

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

21876.30

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 152 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Homewood Suites**

Mailing Address 720 Blair Mill Road

City  
HorshamState  
PAZip Code  
19044Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	0			2	0				

FEC Identification Number

**C****Transaction ID : SB21B.30234**

Amount of Each Disbursement this Period

21876.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Marketing & Publishing, Inc.**

Mailing Address 2012 Stonewater Ct

City  
HoschtonState  
GAZip Code  
30548Purpose of Disbursement  
Printing

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	6			2	0				

FEC Identification Number

**C****Transaction ID : SB21B.30171**

Amount of Each Disbursement this Period

16788.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. American Marketing & Publishing, Inc.**

Mailing Address 2012 Stonewater Ct

City  
HoschtonState  
GAZip Code  
30548Purpose of Disbursement  
Prepayment for Door Hangers

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	3			2	0				

FEC Identification Number

**C****Transaction ID : SB21B.29973**

Amount of Each Disbursement this Period

8212.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

25000.57



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. American Marketing & Publishing, Inc.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	3			2	0	2	0		

Mailing Address 2012 Stonewater Ct

City  
HoschtonState  
GAZip Code  
30548Purpose of Disbursement  
Prepayment for Door Hangers

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.29974**

Amount of Each Disbursement this Period

8212.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Marketing & Publishing, Inc.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	3			2	0	2	0		

Mailing Address 2012 Stonewater Ct

City  
HoschtonState  
GAZip Code  
30548Purpose of Disbursement  
Prepayment for Door Hangers

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.29975**

Amount of Each Disbursement this Period

8212.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. American Marketing & Publishing, Inc.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	3			2	0	2	0		

Mailing Address 2012 Stonewater Ct

City  
HoschtonState  
GAZip Code  
30548Purpose of Disbursement  
Prepayment for Door Hangers

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.29976**

Amount of Each Disbursement this Period

8212.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

24637.50

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Anedot, Inc**Mailing Address 1340 Poydras Street  
Suite 1770City  
New OrleansState  
LAZip Code  
70112Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	3			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.30246**

Amount of Each Disbursement this Period

14617.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Arnone, Jalee, , ,**Mailing Address 2800 Shirlington Rd  
Suite 1200City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Food / Beverage / Office Supplies / Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	5			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.30187**

Amount of Each Disbursement this Period

542.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Olive Garden**

Mailing Address 301 Hwy 114, Access Road

City  
GrapevineState  
TXZip Code  
76051Purpose of Disbursement  
Food / Beverage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	5			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.30187**

Amount of Each Disbursement this Period

140.76

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15160.32

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 155 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Arnone, Jalee, , ,**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	3			2	0	2	0		

Mailing Address 2800 Shirlington Rd  
Suite 1200City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Delivery Service / Food / Beverage / Canvassing / Field Supplies

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.30203**

Amount of Each Disbursement this Period

4593.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kolby's Transport**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	3			2	0	2	0		

Mailing Address 1736 Baxter Springs Drive

City  
JustinState  
TXZip Code  
76247Purpose of Disbursement  
Delivery Service

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.30203**

Amount of Each Disbursement this Period

300.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. P&J Catering**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	3			2	0	2	0		

Mailing Address 1736 Baxter Springs Drive

City  
JustinState  
TXZip Code  
76247Purpose of Disbursement  
Food / Beverage

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.30203**

Amount of Each Disbursement this Period

3002.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4593.83

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 156 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Walmart**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2020

Mailing Address 1228 North Highway 377

City  
RoanokeState  
TXZip Code  
76262Purpose of Disbursement  
Field Supplies

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.30203**

Amount of Each Disbursement this Period

825.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ashley, Michelle, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2020

Mailing Address 2800 Shirlington Rd, Ste 1200

City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Field Supplies

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.30221**

Amount of Each Disbursement this Period

851.29

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Target**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2020

Mailing Address 2701 Lawndale Dr

City  
GreensboroState  
NCZip Code  
27408Purpose of Disbursement  
Field Supplies

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.30221**

Amount of Each Disbursement this Period

851.29

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

851.29
--------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 157 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Brantner, Jared, , ,**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	0			2	0				

Mailing Address 2800 Shirlington Road  
Suite 1200City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Food / Beverage / Travel - all itemization below \$200 threshold

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.30177**

Amount of Each Disbursement this Period

112.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Campaign Graphics**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	7			2	0				

Mailing Address 1229 N. Wakonda Street

City  
FlagstaffState  
AZZip Code  
86004Purpose of Disbursement  
Staff Apparel

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.30229**

Amount of Each Disbursement this Period

12730.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Campaign HQ**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	0			2	0				

Mailing Address PO Box 257

City  
BrooklynState  
IAZip Code  
52211Purpose of Disbursement  
Digital Fundraising Consulting

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.30254**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

13342.59

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 158 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Campaign Inbox**Mailing Address 601 New Jersey Ave NW  
Suite 400City  
WashingtonState  
DCZip Code  
20001Purpose of Disbursement  
Commission Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2020					

FEC Identification Number

**C****Transaction ID : SB21B.30247**

Amount of Each Disbursement this Period

8747.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Campaign Inbox**Mailing Address 601 New Jersey Ave NW  
Suite 400City  
WashingtonState  
DCZip Code  
20001Purpose of Disbursement  
Commission Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				23				2020					

FEC Identification Number

**C****Transaction ID : SB21B.30248**

Amount of Each Disbursement this Period

3049.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Chain Bridge Bank**

Mailing Address 1445 McLaughlin Ave

City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				30				2020					

FEC Identification Number

**C****Transaction ID : SB21B.30256**

Amount of Each Disbursement this Period

56.77

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

11853.73

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 159 OF 308

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Collin, Cayla, , ,**

Mailing Address 2800 Shirlington Road  
Suite 1200

City  
Arlington

State  
VA

Zip Code  
22206

Purpose of Disbursement  
Food / Beverage / Travel / Canvassing - all itemizations below \$200 threshold

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2020

FEC Identification Number

**C**

**Transaction ID : SB21B.30178**

Amount of Each Disbursement this Period

306.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Colon, Jessica, , ,**

Mailing Address 3100 Richmond Avenue  
Suite 319

City  
Houston

State  
TX

Zip Code  
77098

Purpose of Disbursement  
Political Consulting Management

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2020

FEC Identification Number

**C**

**Transaction ID : SB21B.30227**

Amount of Each Disbursement this Period

8000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Colon, Jessica, , ,**

Mailing Address 3100 Richmond Avenue  
Suite 319

City  
Houston

State  
TX

Zip Code  
77098

Purpose of Disbursement  
Food / Beverage / Travel / Field Supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 05 / 2020

FEC Identification Number

**C**

**Transaction ID : SB21B.30224**

Amount of Each Disbursement this Period

1678.91

☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

9985.72

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 160 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Amazon**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	5			2	0	2	0		

Mailing Address PO Box 81226

City  
SeattleState  
WAZip Code  
98101Purpose of Disbursement  
Field Supplies

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.30224**

Amount of Each Disbursement this Period

1275.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Corporate Communications Group**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	6			2	0	2	0		

Mailing Address 800 Commerce Dr

City  
Upper MarlboroState  
MDZip Code  
20774Purpose of Disbursement  
Postage - (IE paid 10/7/20, see schedule E)

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.22310**

Amount of Each Disbursement this Period

- 885.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Corporate Communications Group**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	6			2	0	2	0		

Mailing Address 800 Commerce Dr

City  
Upper MarlboroState  
MDZip Code  
20774Purpose of Disbursement  
Postage - (IE paid 10/7/20, see schedule E)

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.22311**

Amount of Each Disbursement this Period

- 885.03

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

- 1770.05



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 161 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Corporate Communications Group**

Mailing Address 800 Commerce Dr

City  
Upper MarlboroState  
MDZip Code  
20774Purpose of Disbursement  
Postage - (IE paid 10/7/20, see schedule E)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2020			

FEC Identification Number

**C****Transaction ID : SB21B.22312**

Amount of Each Disbursement this Period

- 295.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Corporate Communications Group**

Mailing Address 800 Commerce Dr

City  
Upper MarlboroState  
MDZip Code  
20774Purpose of Disbursement  
Postage - (IE paid 10/7/20, see schedule E)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2020			

FEC Identification Number

**C****Transaction ID : SB21B.22314**

Amount of Each Disbursement this Period

- 295.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Corporate Communications Group**

Mailing Address 800 Commerce Dr

City  
Upper MarlboroState  
MDZip Code  
20774Purpose of Disbursement  
Postage - (IE paid 10/7/20, see schedule E)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2020			

FEC Identification Number

**C****Transaction ID : SB21B.22315**

Amount of Each Disbursement this Period

- 295.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

- 885.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Corporate Communications Group**

Mailing Address 800 Commerce Dr

City  
Upper MarlboroState  
MDZip Code  
20774Purpose of Disbursement  
Postage - (IE paid 10/7/20, see schedule E)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	6			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.22316**

Amount of Each Disbursement this Period

- 295.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Corporate Communications Group**

Mailing Address 800 Commerce Dr

City  
Upper MarlboroState  
MDZip Code  
20774Purpose of Disbursement  
Postage - (IE paid 10/7/20, see schedule E)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	6			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.22317**

Amount of Each Disbursement this Period

- 295.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Corporate Communications Group**

Mailing Address 800 Commerce Dr

City  
Upper MarlboroState  
MDZip Code  
20774Purpose of Disbursement  
Postage - (IE paid 10/7/20, see schedule E)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	6			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.22318**

Amount of Each Disbursement this Period

- 295.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 885.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 163 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Corporate Communications Group**

Mailing Address 800 Commerce Dr

City  
Upper MarlboroState  
MDZip Code  
20774Purpose of Disbursement  
Postage - (IE paid 10/7/20, see schedule E)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				16				2020					

FEC Identification Number

**C****Transaction ID : SB21B.22319**

Amount of Each Disbursement this Period

- 295.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Corporate Communications Group**

Mailing Address 800 Commerce Dr

City  
Upper MarlboroState  
MDZip Code  
20774Purpose of Disbursement  
Postage - (IE paid 10/7/20, see schedule E)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				16				2020					

FEC Identification Number

**C****Transaction ID : SB21B.22320**

Amount of Each Disbursement this Period

- 295.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Corporate Communications Group**

Mailing Address 800 Commerce Dr

City  
Upper MarlboroState  
MDZip Code  
20774Purpose of Disbursement  
Postage - (IE paid 10/7/20, see schedule E)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				16				2020					

FEC Identification Number

**C****Transaction ID : SB21B.22321**

Amount of Each Disbursement this Period

- 295.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 885.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Corporate Communications Group**

Mailing Address 800 Commerce Dr

City  
Upper MarlboroState  
MDZip Code  
20774Purpose of Disbursement  
Postage - (IE paid 10/7/20, see schedule E)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				16				2020					

FEC Identification Number

**C****Transaction ID : SB21B.22322**

Amount of Each Disbursement this Period

- 295.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Corporate Communications Group**

Mailing Address 800 Commerce Dr

City  
Upper MarlboroState  
MDZip Code  
20774Purpose of Disbursement  
Postage - (IE paid 10/7/20, see schedule E)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				16				2020					

FEC Identification Number

**C****Transaction ID : SB21B.22323**

Amount of Each Disbursement this Period

- 295.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Corporate Communications Group**

Mailing Address 800 Commerce Dr

City  
Upper MarlboroState  
MDZip Code  
20774Purpose of Disbursement  
Postage - (IE paid 10/7/20, see schedule E)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				16				2020					

FEC Identification Number

**C****Transaction ID : SB21B.22324**

Amount of Each Disbursement this Period

- 295.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

- 885.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 165 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Corporate Communications Group**

Mailing Address 800 Commerce Dr

City  
Upper MarlboroState  
MDZip Code  
20774Purpose of Disbursement  
Postage - (IE paid 10/7/20, see schedule E)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2020			

FEC Identification Number

**C****Transaction ID : SB21B.22325**

Amount of Each Disbursement this Period

- 295.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Corporate Communications Group**

Mailing Address 800 Commerce Dr

City  
Upper MarlboroState  
MDZip Code  
20774Purpose of Disbursement  
Postage - (IE paid 10/7/20, see schedule E)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2020			

FEC Identification Number

**C****Transaction ID : SB21B.22326**

Amount of Each Disbursement this Period

- 295.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Corporate Communications Group**

Mailing Address 800 Commerce Dr

City  
Upper MarlboroState  
MDZip Code  
20774Purpose of Disbursement  
Postage - (IE paid 10/7/20, see schedule E)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2020			

FEC Identification Number

**C****Transaction ID : SB21B.22327**

Amount of Each Disbursement this Period

- 295.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 885.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 166 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Corporate Communications Group**

Mailing Address 800 Commerce Dr

City  
Upper MarlboroState  
MDZip Code  
20774Purpose of Disbursement  
Postage - (IE paid 10/7/20, see schedule E)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				16				2020					

FEC Identification Number

**C****Transaction ID : SB21B.22328**

Amount of Each Disbursement this Period

- 295.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Corporate Communications Group**

Mailing Address 800 Commerce Dr

City  
Upper MarlboroState  
MDZip Code  
20774Purpose of Disbursement  
Postage - (IE paid 10/7/20, see schedule E)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				16				2020					

FEC Identification Number

**C****Transaction ID : SB21B.22329**

Amount of Each Disbursement this Period

- 295.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Corporate Communications Group**

Mailing Address 800 Commerce Dr

City  
Upper MarlboroState  
MDZip Code  
20774Purpose of Disbursement  
Postage - (IE paid 10/7/20, see schedule E)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				16				2020					

FEC Identification Number

**C****Transaction ID : SB21B.22330**

Amount of Each Disbursement this Period

- 295.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

- 885.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Crosby Ottenhoff Group**Mailing Address 611 Pennsylvania Ave  
Ste #267City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Compliance Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2020			

FEC Identification Number

**C****Transaction ID : SB21B.30257**

Amount of Each Disbursement this Period

3650.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Crosby Ottenhoff Group**Mailing Address 611 Pennsylvania Ave  
Ste #267City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Compliance Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2020			

FEC Identification Number

**C****Transaction ID : SB21B.30258**

Amount of Each Disbursement this Period

9900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Denton US LLP**

Mailing Address 1900 K Street NW

City  
WashingtonState  
DCZip Code  
20006Purpose of Disbursement  
Legal Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2020			

FEC Identification Number

**C****Transaction ID : SB21B.30261**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

18550.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. EAN Services LLC**

Mailing Address PO Box 402383

City  
AtlantaState  
GAZip Code  
30384Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2020			

FEC Identification Number

**C****Transaction ID : SB21B.30243**

Amount of Each Disbursement this Period

1205.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ella Witt**Mailing Address 2800 Shirlington Road  
Suite 1200City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Food / Beverage / Travel / Postage / Staff Medical Supplies / Telephone

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2020			

FEC Identification Number

**C****Transaction ID : SB21B.30176**

Amount of Each Disbursement this Period

4592.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. American Airlines**Mailing Address 1101 17th NW  
#600City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2020			

FEC Identification Number

**C****Transaction ID : SB21B.30176**

Amount of Each Disbursement this Period

823.91

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5798.06



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Hertz**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2020			

Mailing Address 1534 Sunset Blvd

City  
SteubenvilleState  
OHZip Code  
43952Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.30176**

Amount of Each Disbursement this Period

1740.72

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Residence Inn**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2020			

Mailing Address 2500 E Custer Ave

City  
HelenaState  
MTZip Code  
59602Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.30176**

Amount of Each Disbursement this Period

315.04

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ella Witt**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2020			

Mailing Address 2800 Shirlington Road  
Suite 1200City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Food / Beverage / Travel - all itemizations under \$200 threshold

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.30186**

Amount of Each Disbursement this Period

705.49

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

705.49

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 170 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Four Star Printing**

Mailing Address PO Box 567

City  
LovettsvilleState  
VAZip Code  
20180Purpose of Disbursement  
Printing

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2020

FEC Identification Number

**C****Transaction ID : SB21B.30244**

Amount of Each Disbursement this Period

102.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Four Star Printing**

Mailing Address PO Box 567

City  
LovettsvilleState  
VAZip Code  
20180Purpose of Disbursement  
Printing

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		10		2020

FEC Identification Number

**C****Transaction ID : SB21B.30245**

Amount of Each Disbursement this Period

1762.37

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FP1 Strategies, LLC**Mailing Address 3001 Washington Blvd  
7th FloorCity  
ArlingtonState  
VAZip Code  
22201Purpose of Disbursement  
National Director Contractor Pay

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		01		2020

FEC Identification Number

**C****Transaction ID : SB21B.30242**

Amount of Each Disbursement this Period

675.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2540.29

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

## **A. Headway Workforce Solutions Inc.**

Mailing Address 3100 Smoketree Ct.  
Suite 900

City  
Raleigh

State  
NC

Zip Code  
27604

Purpose of Disbursement  
Field Director Pay

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2020

FEC Identification Number

**C**

**Transaction ID : SB21B.30168**

Amount of Each Disbursement this Period

38054.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Headway Workforce Solutions Inc.**

Mailing Address 3100 Smoketree Ct.  
Suite 900

City  
Raleigh

State  
NC

Zip Code  
27604

Purpose of Disbursement  
Background Checks / Field Director Pay

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 08 / 2020

FEC Identification Number

**C**

**Transaction ID : SB21B.30169**

Amount of Each Disbursement this Period

38341.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Headway Workforce Solutions Inc.**

Mailing Address 3100 Smoketree Ct.  
Suite 900

City  
Raleigh

State  
NC

Zip Code  
27604

Purpose of Disbursement  
Background Checks / Field Director Pay

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 22 / 2020

FEC Identification Number

**C**

**Transaction ID : SB21B.30170**

Amount of Each Disbursement this Period

44851.04

☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

121247.57

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 172 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Horsley, Kelly, , ,**

Mailing Address 2800 Shirlington Rd

City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Field Supplies / Printing / Food / Beverage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			23			2020					

FEC Identification Number

**C****Transaction ID : SB21B.30211**

Amount of Each Disbursement this Period

586.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Walmart**

Mailing Address 6060 N Fry Rd

City  
KatyState  
TXZip Code  
77449Purpose of Disbursement  
Field Supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			23			2020					

FEC Identification Number

**C****Transaction ID : SB21B.30211**

Amount of Each Disbursement this Period

450.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. i360**

Mailing Address P.O. Box 37046

City  
BaltimoreState  
MDZip Code  
21297-3046Purpose of Disbursement  
Data Subscription Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			21			2020					

FEC Identification Number

**C****Transaction ID : SB21B.30284**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5586.62

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. i360**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	2	0

Mailing Address P.O. Box 37046

City  
BaltimoreState  
MDZip Code  
21297-3046Purpose of Disbursement  
Data Subscription Services

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.30285**

Amount of Each Disbursement this Period

15500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ICS Corporation**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	2	0

Mailing Address 100 Friars Blvd

City  
West DeptfordState  
NJZip Code  
08086Purpose of Disbursement  
Prepayment for postage

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.23746**

Amount of Each Disbursement this Period

4228.29

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ICS Corporation**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	2	0

Mailing Address 100 Friars Blvd

City  
West DeptfordState  
NJZip Code  
08086Purpose of Disbursement  
Prepayment for postage

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.23747**

Amount of Each Disbursement this Period

4228.29

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

23956.58

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 174 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. ICS Corporation**

Mailing Address 100 Friars Blvd

City  
West DeptfordState  
NJZip Code  
08086Purpose of Disbursement  
Prepayment for postage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	9			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.23748**

Amount of Each Disbursement this Period

4228.29

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ICS Corporation**

Mailing Address 100 Friars Blvd

City  
West DeptfordState  
NJZip Code  
08086Purpose of Disbursement  
Prepayment for postage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	9			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.23749**

Amount of Each Disbursement this Period

4228.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kruse, Donetta, , ,**Mailing Address 2800 Shirlington Rd  
Suite 1200City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Food / Beverage / Canvassing / Travel - no itemizations below \$200 threshold

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	0			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.3018**

Amount of Each Disbursement this Period

865.94

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

9322.51

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 175 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Kruse, Donetta, , ,**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	5			2	0	2	0		

Mailing Address 2800 Shirlington Rd  
Suite 1200City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Food / Beverage / Travel / Canvassing - all itemizations below \$200 threshold

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.30200**

Amount of Each Disbursement this Period

1030.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Martinez, Rosalba, , ,**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	6			2	0	2	0		

Mailing Address 2800 Shirlington Rd  
Suite 1200City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Food / Beverage / Travel / Office Supplies - all itemizations under \$200 threshold

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.30201**

Amount of Each Disbursement this Period

598.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Martinez, Rosalba, , ,**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	6			2	0	2	0		

Mailing Address 2800 Shirlington Rd  
Suite 1200City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Food / Beverage - all itemizations under \$200 threshold

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.30202**

Amount of Each Disbursement this Period

348.12

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1977.35

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 176 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Martinez, Rosalba, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2020

Mailing Address 2800 Shirlington Rd  
Suite 1200City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Delivery Service - all itemizations below \$200 threshold

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C** **Transaction ID : SB21B.30215**

Amount of Each Disbursement this Period

 61.93☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MerchRaise**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2020

Mailing Address 5353 46th Ave

City  
HyattsvilleState  
MDZip Code  
20781Purpose of Disbursement  
Printing / Postage / Production

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C** **Transaction ID : SB21B.30251**

Amount of Each Disbursement this Period

 6888.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. NORTH CAROLINA VALUES COALITION PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2020

Mailing Address 9650 STRICKLAND RD  
SUITE 103-226City  
RALEIGHState  
NCZip Code  
27615Purpose of Disbursement  
State Director Contractor Pay

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C** C00688226**Transaction ID : SB21B.30164**

Amount of Each Disbursement this Period

 175.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶ 7124.93**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Overby, Matt, , ,**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	0			2	0				

Mailing Address 2800 Shirlington Rd  
Suite 1200City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Food / Beverage / Travel / Office Supplies - all itemizations under \$200  
threshold

Candidate Name

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB21B.30179**

Amount of Each Disbursement this Period

397.09

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. RCH Associates**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	1			2	0				

Mailing Address 143 Martin Lane

City  
AlexandriaState  
VAZip Code  
22304Purpose of Disbursement  
Political Strategy Consulting

Candidate Name

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB21B.30166**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. RCH Associates**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	7			2	0				

Mailing Address 143 Martin Lane

City  
AlexandriaState  
VAZip Code  
22304Purpose of Disbursement  
Political Strategy Consulting

Candidate Name

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB21B.30167**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

6397.09

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 178 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. RCH Associates**

Mailing Address 143 Martin Lane

City  
AlexandriaState  
VAZip Code  
22304Purpose of Disbursement  
Political Strategy Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			20	20		

FEC Identification Number

**C****Transaction ID : SB21B.30296**

Amount of Each Disbursement this Period

33000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Reach Right, LLC**

Mailing Address 615 CR 22

City  
LamesaState  
TXZip Code  
79331Purpose of Disbursement  
Commission Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			20	20		

FEC Identification Number

**C****Transaction ID : SB21B.30249**

Amount of Each Disbursement this Period

5154.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Reach Right, LLC**

Mailing Address 615 CR 22

City  
LamesaState  
TXZip Code  
79331Purpose of Disbursement  
Commission Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			20	20		

FEC Identification Number

**C****Transaction ID : SB21B.30251**

Amount of Each Disbursement this Period

9022.76

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

47177.73

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Remington Research Group, LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	0			2	0	2	0		

Mailing Address 800 W 47th Street  
Ste 200City  
Kansas CityState  
MOZip Code  
64112Purpose of Disbursement  
Research Consulting Services

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.30286**

Amount of Each Disbursement this Period

4500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Schroeder, Joseph, , ,**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	5			2	0	2	0		

Mailing Address 2800 Shirlington Road

City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Food / Beverage / Printing / Travel

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.30188**

Amount of Each Disbursement this Period

2305.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Siciliano's**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	5			2	0	2	0		

Mailing Address 2210 W. Buckingham Rd

City  
GarlandState  
TXZip Code  
75042Purpose of Disbursement  
Food / Beverage

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.30188**

Amount of Each Disbursement this Period

624.22

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6805.33

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 180 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Olive Garden**

Mailing Address 301 Hwy 114, Access Road

City  
GrapevineState  
TXZip Code  
76051Purpose of Disbursement  
Food / Beverage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	5			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.30188**

Amount of Each Disbursement this Period

64.93

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Chick-fil-a**

Mailing Address 12120 Inwood Rd

City  
DallasState  
TXZip Code  
75244Purpose of Disbursement  
Food / Beverage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	5			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.30188**

Amount of Each Disbursement this Period

394.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Spring Creek Barbeque**

Mailing Address 315 W State Hwy 114

City  
GrapevineState  
TXZip Code  
76051Purpose of Disbursement  
Food / Beverage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	5			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.30188**

Amount of Each Disbursement this Period

563.27

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 181 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Schroeder, Joseph, , ,**

Mailing Address 2800 Shirlington Road

City  
ArlingtonState  
VAZip Code  
22206

Purpose of Disbursement

Delivery Service - all itemizations below \$200 threshold

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	3			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.30216**

Amount of Each Disbursement this Period

78.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Sidock, Brandy, , ,**Mailing Address 2800 Shirlington Road  
Suite 1200City  
ArlingtonState  
VAZip Code  
22206

Purpose of Disbursement

Canvassing / Travel - all itemizations under \$200 threshold

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	0			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.30180**

Amount of Each Disbursement this Period

395.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Smith, Jodi, , ,**

Mailing Address 2800 Shirlington Rd

City  
ArlingtonState  
VAZip Code  
22206

Purpose of Disbursement

Food / Beverage / Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	0			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.30217**

Amount of Each Disbursement this Period

2061.57

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2535.55

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 182 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Hertz**

Mailing Address 1534 Sunset Blvd

City  
SteubenvilleState  
OHZip Code  
43952Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	0			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.30217**

Amount of Each Disbursement this Period

585.09

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Holiday Inn**

Mailing Address 5 Easter Baxter Lane

City  
BozemanState  
MTZip Code  
59715Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	0			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.30217**

Amount of Each Disbursement this Period

565.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Smith, Jodi, , ,**

Mailing Address 2800 Shirlington Rd

City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
State Director Contractor Pay

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	1			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.30224**

Amount of Each Disbursement this Period

600.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 183 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Susan B Anthony List, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2020

Mailing Address 2800 Shirlington Rd  
Ste 1200City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Salary / Consulting Pay

Candidate Name

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB21B.30165**

Amount of Each Disbursement this Period

6418.33

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. Susan B Anthony List, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2020

Mailing Address 2800 Shirlington Rd  
Ste 1200City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Conciliation Payment

Candidate Name

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB21B.30259**

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. Susan B Anthony List, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2020

Mailing Address 2800 Shirlington Rd  
Ste 1200City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Salary / Consulting Pay

Candidate Name

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB21B.30295**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

11918.33

**TOTAL** This Period (last page this line number only).....▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 184 OF 308

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

## **A. The Lukens Company**

Mailing Address 2800 Shirlington Rd

City  
Arlington

State  
VA

Zip Code  
22206

Purpose of Disbursement  
Printing / Production - (IE paid 10/14/20, see Schedule E)

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 16 / 2020

FEC Identification Number

C

**Transaction ID : SB21B.22278**

Amount of Each Disbursement this Period

– 208055.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. The Lukens Company**

Mailing Address 2800 Shirlington Rd

City  
Arlington

State  
VA

Zip Code  
22206

Purpose of Disbursement  
Printing / Production - (IE paid 10/14/20, see Schedule E)

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 16 / 2020

FEC Identification Number

C

**Transaction ID : SB21B.22279**

Amount of Each Disbursement this Period

– 208055.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. The Lukens Company**

Mailing Address 2800 Shirlington Rd

City  
Arlington

State  
VA

Zip Code  
22206

Purpose of Disbursement  
Printing / Production - (IE paid 10/14/20, see Schedule E)

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 16 / 2020

FEC Identification Number

C

**Transaction ID : SB21B.22280**

Amount of Each Disbursement this Period

– 15895.69

☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

– 432006.66



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 185 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. The Lukens Company**

Mailing Address 2800 Shirlington Rd

City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Printing / Production - (IE paid 10/14/20, see Schedule E)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2020			

FEC Identification Number

**C****Transaction ID : SB21B.22281**

Amount of Each Disbursement this Period

- 15895.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Lukens Company**

Mailing Address 2800 Shirlington Rd

City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Printing / Production - (IE paid 10/14/20, see Schedule E)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2020			

FEC Identification Number

**C****Transaction ID : SB21B.22282**

Amount of Each Disbursement this Period

- 21932.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. The Lukens Company**

Mailing Address 2800 Shirlington Rd

City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Printing / Production - (IE paid 10/14/20, see Schedule E)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2020			

FEC Identification Number

**C****Transaction ID : SB21B.22283**

Amount of Each Disbursement this Period

- 21932.96

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

- 59761.61

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 186 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. The Lukens Company**

Mailing Address 2800 Shirlington Rd

City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Printing / Production - (IE paid 10/14/20, see Schedule E)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2020			

FEC Identification Number

**C****Transaction ID : SB21B.22284**

Amount of Each Disbursement this Period

- 1839.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Lukens Company**

Mailing Address 2800 Shirlington Rd

City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Printing / Production - (IE paid 10/14/20, see Schedule E)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2020			

FEC Identification Number

**C****Transaction ID : SB21B.22285**

Amount of Each Disbursement this Period

- 1839.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. The Lukens Company**

Mailing Address 2800 Shirlington Rd

City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Printing / Production - (IE paid 10/14/20, see Schedule E)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2020			

FEC Identification Number

**C****Transaction ID : SB21B.22286**

Amount of Each Disbursement this Period

- 24526.36

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

- 28205.14

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 187 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. The Lukens Company**

Mailing Address 2800 Shirlington Rd

City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Printing / Production - (IE paid 10/14/20, see Schedule E)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2020			

FEC Identification Number

**C****Transaction ID : SB21B.22287**

Amount of Each Disbursement this Period

- 24526.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Lukens Company**

Mailing Address 2800 Shirlington Rd

City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Printing / Production - (IE paid 10/14/20, see Schedule E)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2020			

FEC Identification Number

**C****Transaction ID : SB21B.22288**

Amount of Each Disbursement this Period

- 1839.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. The Lukens Company**

Mailing Address 2800 Shirlington Rd

City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Printing / Production - (IE paid 10/14/20, see Schedule E)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2020			

FEC Identification Number

**C****Transaction ID : SB21B.22288**

Amount of Each Disbursement this Period

- 1839.39

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

- 28205.14

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 188 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. The Richard Norman Company**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2020

Mailing Address 113 E Market Street  
Suite 300City  
LeesburgState  
VAZip Code  
20176Purpose of Disbursement  
Printing / Postage - (IE paid 10/13/20, see schedule E)

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.23362**

Amount of Each Disbursement this Period

- 29768.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Richard Norman Company**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2020

Mailing Address 113 E Market Street  
Suite 300City  
LeesburgState  
VAZip Code  
20176Purpose of Disbursement  
Printing / Postage - (IE paid 10/13/20, see schedule E)

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.23363**

Amount of Each Disbursement this Period

- 20748.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. The Richard Norman Company**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2020

Mailing Address 113 E Market Street  
Suite 300City  
LeesburgState  
VAZip Code  
20176Purpose of Disbursement  
Printing / Postage - (IE paid 10/13/20, see schedule E)

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.23364**

Amount of Each Disbursement this Period

- 35392.73

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 85910.33

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 189 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. The Richard Norman Company**Mailing Address 113 E Market Street  
Suite 300City  
LeesburgState  
VAZip Code  
20176Purpose of Disbursement  
Printing / Postage - (IE paid 10/13/20, see schedule E)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				21				2020					

FEC Identification Number

**C****Transaction ID : SB21B.23365**

Amount of Each Disbursement this Period

- 29997.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Richard Norman Company**Mailing Address 113 E Market Street  
Suite 300City  
LeesburgState  
VAZip Code  
20176Purpose of Disbursement  
Printing / Postage - (IE paid 10/13/20, see schedule E)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				21				2020					

FEC Identification Number

**C****Transaction ID : SB21B.23366**

Amount of Each Disbursement this Period

- 20927.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Trace Strategies, LLC**

Mailing Address 11104 Westpoint Court

City  
Litte RockState  
ARZip Code  
72211Purpose of Disbursement  
State Directory Contractor Pay

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				01				2020					

FEC Identification Number

**C****Transaction ID : SB21B.30228**

Amount of Each Disbursement this Period

850.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

- 50075.11

**TOTAL** This Period (last page this line number only).....▶

<b>X</b>	21b		22		23		26		27
	28a		28b		28c		29		30b

WOMEN SPEAK OUT PAC

A. Usio, Inc.

Category/  
Type

1000.00

Memo Item

State:  District:

### B. Panera Bread

Category/  
Type

268.62

 Memo Item

State:  District:

### C. Uber Eats

Category/  
Type

231.00

**X** Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 191 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Usio, Inc.**

Mailing Address 3611 Paesanos Pkwy, Suite 300

City  
San AntonioState  
TXZip Code  
78213Purpose of Disbursement  
Food / Beverage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2020

FEC Identification Number

**C****Transaction ID : SB21B.30173**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Chick-Fil-A**

Mailing Address 1620 Washington Road

City  
PittsburghState  
PAZip Code  
15241Purpose of Disbursement  
Food / Beverage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2020

FEC Identification Number

**C****Transaction ID : SB21B.30173**

Amount of Each Disbursement this Period

160.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Chick-Fil-A**

Mailing Address 375 Washington Road

City  
WashingtonState  
PAZip Code  
15301Purpose of Disbursement  
Food / Beverage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2020

FEC Identification Number

**C****Transaction ID : SB21B.30173**

Amount of Each Disbursement this Period

230.01

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 192 OF 308

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Panera Bread**

Mailing Address 330 New Castle Road

City  
ButlerState  
PAZip Code  
16001Purpose of Disbursement  
Food / Beverage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			26			2020					

FEC Identification Number

**C****Transaction ID : SB21B.30173**

Amount of Each Disbursement this Period

207.32

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Uber Eats**

Mailing Address 1455 Market St. 4th Fl

City  
TrevoseState  
PAZip Code  
94103Purpose of Disbursement  
Food / Beverage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			26			2020					

FEC Identification Number

**C****Transaction ID : SB21B.30173**

Amount of Each Disbursement this Period

30.38

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

- 209649.37



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 193 OF 308

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Headway Workforce Solutions Inc.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	2	0		

Mailing Address 3100 Smoketree Ct.  
Suite 900City  
RaleighState  
NCZip Code  
27604Purpose of Disbursement  
Non-Federal Canvassing / Travel - MT

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB29.30265**

Amount of Each Disbursement this Period

3102.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Headway Workforce Solutions Inc.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	2	0		

Mailing Address 3100 Smoketree Ct.  
Suite 900City  
RaleighState  
NCZip Code  
27604Purpose of Disbursement  
Non-Federal Canvassing / Travel - NC

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB29.31740**

Amount of Each Disbursement this Period

14478.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. The Lukens Company**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	9			2	0	2	0		

Mailing Address 2800 Shirlington Rd

City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Non-Federal Printing / Postage - NC

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB29.30262**

Amount of Each Disbursement this Period

41306.25

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

58887.30

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 194 OF 308

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. The Lukens Company**

Mailing Address 2800 Shirlington Rd

City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Non-Federal Printing / Postage - MT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
10			19			2020					

FEC Identification Number

**C****Transaction ID : SB29.30264**

Amount of Each Disbursement this Period

7247.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7247.68

66134.98

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 195 OF 308

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9700

**WOMEN SPEAK OUT PAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Susan B Anthony List, Inc.☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2800 Shirlington Rd  
Ste 1200

City

Arlington

State

VA

ZIP Code

22206

Original Amount of Loan

77452.55

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

77452.55

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
11 / 30 / 2017

Date Due

M M / D D / Y Y Y Y

11/30/2021

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

77452.55

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 196 OF 308

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.13439

**WOMEN SPEAK OUT PAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Susan B Anthony List, Inc.☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2800 Shirlington Rd  
Ste 1200

City

Arlington

State

VA

ZIP Code

22206

Original Amount of Loan

10118.58

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10118.58

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
11 / 30 / 2018

Date Due

M M / D D / Y Y Y Y

11/30/2022

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10118.58

**TOTALS** This Period (last page in this line only)..... ►

87571.13

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 197 OF 308

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**i360**Nature of Debt (Purpose):  
Dialer Access

Mailing Address P.O. Box 37046

City

Baltimore

State

MD

Zip Code

21297-3046

Outstanding Balance Beginning This Period

56.97

Transaction ID : SD10.21940

Amount Incurred This Period

0.00

Payment This Period

56.97

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Media Bridge**Nature of Debt (Purpose):  
Estimate digital ads

Mailing Address 11300 Astarita Ave

City

Partlow

State

VA

Zip Code

22534

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.15740

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**Nature of Debt (Purpose):  
Existing Loan owed to SBAMailing Address 2800 Shirlington Rd  
Ste 1200

City

Arlington

State

VA

Zip Code

22206

Outstanding Balance Beginning This Period

10500.00

Transaction ID : SD10.4157

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

12500.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 198 OF 308

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**

Nature of Debt (Purpose):

Loan for FEC Reporting Services

Mailing Address 2800 Shirlington Rd  
Ste 1200City  
ArlingtonState  
VAZip Code  
22206

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.4110

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**

Nature of Debt (Purpose):

Mailings Expense

Mailing Address 2800 Shirlington Rd  
Ste 1200City  
ArlingtonState  
VAZip Code  
22206

Outstanding Balance Beginning This Period

5204.43

Transaction ID : SD10.4318

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5204.43

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**

Nature of Debt (Purpose):

Original transactions put on SBA CC

Mailing Address 2800 Shirlington Rd  
Ste 1200City  
ArlingtonState  
VAZip Code  
22206

Outstanding Balance Beginning This Period

8610.00

Transaction ID : SD10.6625

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8610.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

18814.43

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 199 OF 308

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**Nature of Debt (Purpose):  
Expense put on SBA CCMailing Address 2800 Shirlington Rd  
Ste 1200City  
ArlingtonState  
VAZip Code  
22206

Outstanding Balance Beginning This Period

4709.73

Transaction ID : SD10.6756

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4709.73

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**Nature of Debt (Purpose):  
To post Thrifty Car Rental Expense put on  
SBA CardMailing Address 2800 Shirlington Rd  
Ste 1200City  
ArlingtonState  
VAZip Code  
22206

Outstanding Balance Beginning This Period

1894.83

Transaction ID : SD10.9222

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1894.83

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**Nature of Debt (Purpose):  
Non-Federal - SuppliesMailing Address 2800 Shirlington Rd  
Ste 1200City  
ArlingtonState  
VAZip Code  
22206

Outstanding Balance Beginning This Period

200.00

Transaction ID : SD10.15960

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6804.56

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 200 OF 308

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**

Nature of Debt (Purpose):

Non-Federal - Travel

Mailing Address 2800 Shirlington Rd  
Ste 1200City  
ArlingtonState  
VAZip Code  
22206

Outstanding Balance Beginning This Period

27.90

Transaction ID : SD10.15958

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

27.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

27.90

2) **TOTALS** This Period (last page this line number only)..... ►

38146.89

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

87571.13

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

125718.02



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 201 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>											
Full Name of Payee <input type="checkbox"/> Memo Item <b>Active Engagement</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 15 / 2020							
Mailing Address 113 East Market St Suite 300				Amount <span style="border: 1px solid black; padding: 2px;">38819.00</span>							
City Leesburg		State VA		Zip Code 20176							
Purpose of Expenditure SMS Messaging				Transaction ID : <b>SE.22207</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 15 / 2020							
Name of Federal Candidate: FLETCHER, ELIZABETH, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input checked="" type="checkbox"/> House    District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: TX							
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">312037.06</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶							
Full Name of Payee <input type="checkbox"/> Memo Item <b>Active Engagement</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 15 / 2020							
Mailing Address 113 East Market St Suite 300				Amount <span style="border: 1px solid black; padding: 2px;">22182.00</span>							
City Leesburg		State VA		Zip Code 20176							
Purpose of Expenditure SMS Messaging				Transaction ID : <b>SE.22236</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 15 / 2020							
Name of Federal Candidate: DAVIS, WENDY, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input checked="" type="checkbox"/> House    District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: TX							
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">221345.72</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶							
<table style="width:100%;"> <tr> <td style="width:60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</td> <td style="width:40%; text-align: right;">▶ <span style="border: 1px solid black; padding: 2px;">61001.00</span></td> </tr> <tr> <td>(b) SUBTOTAL of Unitemized Independent Expenditures.....</td> <td style="text-align: right;">▶ <span style="border: 1px solid black; padding: 2px;"></span></td> </tr> <tr> <td>(c) TOTAL Independent Expenditures .....</td> <td style="text-align: right;">▶ <span style="border: 1px solid black; padding: 2px;"></span></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;">61001.00</span>	(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <span style="border: 1px solid black; padding: 2px;"></span>	(c) TOTAL Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;"></span>
(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;">61001.00</span>										
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <span style="border: 1px solid black; padding: 2px;"></span>										
(c) TOTAL Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;"></span>										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
<table style="width:100%;"> <tr> <td style="width:35%;">Gross, Jennifer, , ,</td> <td style="width:25%; text-align: center;">[Electronically Filed]</td> <td style="width:40%; text-align: right;">Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021</td> </tr> <tr> <td colspan="3">Signature</td> </tr> </table>						Gross, Jennifer, , ,	[Electronically Filed]	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	Signature		
Gross, Jennifer, , ,	[Electronically Filed]	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021									
Signature											

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 202 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Active Engagement</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 15 / 2020</span> </div>	
Mailing Address 113 East Market St Suite 300			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>36046.00</span> </div>	
City Leesburg	State VA	Zip Code 20176		
Purpose of Expenditure SMS Messaging		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE.22239</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 15 / 2020</span> </div>	
Name of Federal Candidate: KULKARNI, SRI PRESTON, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>342417.41</span> </span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Active Engagement</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 15 / 2020</span> </div>	
Mailing Address 113 East Market St Suite 300			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>30501.00</span> </div>	
City Leesburg	State VA	Zip Code 20176		
Purpose of Expenditure SMS Messaging		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE.22242</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 15 / 2020</span> </div>	
Name of Federal Candidate: VALENZUELA, CANDACE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>24</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>359824.00</span> </span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	<span></span> <span>66547.00</span>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<span></span> <span></span>
(c) TOTAL Independent Expenditures .....	▶	<span></span> <span></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY  
 03 / 30 / 2021

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 203 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Active Engagement</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 19 / 2020		
Mailing Address 113 East Market St Suite 300			Amount <span style="border: 1px solid black; padding: 2px;">3000.00</span>		
City Leesburg	State VA	Zip Code 20176	Transaction ID : <b>SE.23339</b>		
Purpose of Expenditure Media Placement		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 19 / 2020		
Name of Federal Candidate: FLETCHER, ELIZABETH, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">316365.32</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Active Engagement</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 19 / 2020		
Mailing Address 113 East Market St Suite 300			Amount <span style="border: 1px solid black; padding: 2px;">8000.00</span>		
City Leesburg	State VA	Zip Code 20176	Transaction ID : <b>SE.23340</b>		
Purpose of Expenditure Media Placement		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 19 / 2020		
Name of Federal Candidate: DAVIS, WENDY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">230673.98</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">11000.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Active Engagement</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 19 / 2020		
Mailing Address 113 East Market St Suite 300			Amount <span style="border: 1px solid black; padding: 2px;">9410.90</span>		
City Leesburg	State VA	Zip Code 20176	Transaction ID : <b>SE.23341</b>		
Purpose of Expenditure Media Placement		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 19 / 2020		
Name of Federal Candidate: KULKARNI, SRI PRESTON, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">353156.57</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Active Engagement</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 19 / 2020		
Mailing Address 113 East Market St Suite 300			Amount <span style="border: 1px solid black; padding: 2px;">8000.00</span>		
City Leesburg	State VA	Zip Code 20176	Transaction ID : <b>SE.23342</b>		
Purpose of Expenditure Media Placement		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 19 / 2020		
Name of Federal Candidate: VALENZUELA, CANDACE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>24</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">369152.26</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">17410.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Active Engagement</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2020		
Mailing Address 113 East Market St Suite 300			Amount <span style="border: 1px solid black; padding: 2px;">4687.50</span>		
City Leesburg	State VA	Zip Code 20176	Transaction ID : <b>SE.23458</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 23 / 2020		
Purpose of Expenditure Digital Media Production		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>			
Name of Federal Candidate: HUNT, WESLEY, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>07</u> State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">396239.09</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Active Engagement</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2020		
Mailing Address 113 East Market St Suite 300			Amount <span style="border: 1px solid black; padding: 2px;">4687.50</span>		
City Leesburg	State VA	Zip Code 20176	Transaction ID : <b>SE.23459</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 23 / 2020		
Purpose of Expenditure Digital Media Production		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>			
Name of Federal Candidate: VALENZUELA, CANDACE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>24</u> State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">451644.13</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">9375.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Active Engagement</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2020		
Mailing Address 113 East Market St Suite 300			Amount <span style="border: 1px solid black; padding: 2px;">4687.50</span>		
City Leesburg		State VA	Zip Code 20176		Transaction ID : <b>SE.23460</b>
Purpose of Expenditure Digital Media Production		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 23 / 2020	
Name of Federal Candidate: ROY, CHIP, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>21</u> State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">288466.60</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Active Engagement</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2020		
Mailing Address 113 East Market St Suite 300			Amount <span style="border: 1px solid black; padding: 2px;">4687.50</span>		
City Leesburg		State VA	Zip Code 20176		Transaction ID : <b>SE.23461</b>
Purpose of Expenditure Digital Media Production		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 23 / 2020	
Name of Federal Candidate: DAVIS, WENDY, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>21</u> State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">293154.10</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">9375.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item <b>Active Engagement</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 24 / 2020</span> </div>	
Mailing Address 113 East Market St Suite 300			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>4687.50</span> </div>	
City Leesburg	State VA	Zip Code 20176		
Purpose of Expenditure Digital Media Production		Category/ Type <span style="border: 1px solid black; padding: 0 10px;"> </span>	Transaction ID : <b>SE.23462</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 23 / 2020</span> </div>	
Name of Federal Candidate: NEHLS, TROY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 20px;"> </span> 448613.56			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Active Engagement</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 24 / 2020</span> </div>	
Mailing Address 113 East Market St Suite 300			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>4687.50</span> </div>	
City Leesburg	State VA	Zip Code 20176		
Purpose of Expenditure Digital Media Production		Category/ Type <span style="border: 1px solid black; padding: 0 10px;"> </span>	Transaction ID : <b>SE.23463</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 23 / 2020</span> </div>	
Name of Federal Candidate: KULKARNI, SRI PRESTON, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 20px;"> </span> 453301.06			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	9375.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY  
 03 / 30 / 2021

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Active Engagement</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2020		
Mailing Address 113 East Market St Suite 300			Amount <span style="border: 1px solid black; padding: 2px;">4687.50</span>		
City Leesburg	State VA	Zip Code 20176	Transaction ID : <b>SE.23464</b>		
Purpose of Expenditure Digital Media Production		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 23 / 2020		
Name of Federal Candidate: VAN DUYNE, ELIZABETH ANN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>24</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u> <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">456331.63</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Active Engagement</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2020		
Mailing Address 113 East Market St Suite 300			Amount <span style="border: 1px solid black; padding: 2px;">4687.50</span>		
City Leesburg	State VA	Zip Code 20176	Transaction ID : <b>SE.23472</b>		
Purpose of Expenditure Digital Media Production		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 23 / 2020		
Name of Federal Candidate: FLETCHER, ELIZABETH, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u> <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">400926.59</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">9375.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Active Engagement</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 29 / 2020		
Mailing Address 113 East Market St Suite 300			Amount <span style="border: 1px solid black; padding: 2px;">35952.00</span>		
City Leesburg	State VA	Zip Code 20176	Transaction ID : <b>SE.23557</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 29 / 2020		
Purpose of Expenditure SMS Messaging		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>			
Name of Federal Candidate: DAVIS, WENDY, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">331346.10</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Active Engagement</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 29 / 2020		
Mailing Address 113 East Market St Suite 300			Amount <span style="border: 1px solid black; padding: 2px;">23274.00</span>		
City Leesburg	State VA	Zip Code 20176	Transaction ID : <b>SE.23558</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 29 / 2020		
Purpose of Expenditure Digital Media Production / Digital Media Placement		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>			
Name of Federal Candidate: DAVIS, WENDY, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">354620.10</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">59226.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 210 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> <span>C00530766</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report    Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item <b>American Marketing &amp; Publishing, Inc.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 2012 Stonewater Ct			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5400.00</div>		
City Hoschton	State GA	Zip Code 30548	<b>Transaction ID : SE.22149</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Door Hangers		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> <span>C00530766</span> </div>		
Name of Federal Candidate: <input type="checkbox"/> Support ALLRED, COLIN, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item <b>American Marketing &amp; Publishing, Inc.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 2012 Stonewater Ct			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2995.00</div>		
City Hoschton	State GA	Zip Code 30548	<b>Transaction ID : SE.23683</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Door Hangers		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> <span>C00530766</span> </div>		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support LOEFFLER, KELLY, , , <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Runoff		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;">8395.00</div>		
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
<b>(c) TOTAL Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date	
<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> <span>C00530766</span> </div>		<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> <span>C00530766</span> </div>		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>	
Full Name of Payee American Marketing & Publishing, Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 11 / 20 / 2020		
Mailing Address 2012 Stonewater Ct			Amount <span style="border: 1px solid black; padding: 2px;">2995.00</span>		
City Hoschton	State GA	Zip Code 30548	Transaction ID : SE.23684		
Purpose of Expenditure Door Hangers		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 11 / 20 / 2020		
Name of Federal Candidate: WARNOCK, RAPHAEL, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: GA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2995.00</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Runoff		
Full Name of Payee American Marketing & Publishing, Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 11 / 20 / 2020		
Mailing Address 2012 Stonewater Ct			Amount <span style="border: 1px solid black; padding: 2px;">2995.00</span>		
City Hoschton	State GA	Zip Code 30548	Transaction ID : SE.23685		
Purpose of Expenditure Door Hangers		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 11 / 20 / 2020		
Name of Federal Candidate: PERDUE, DAVID, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: GA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">145803.00</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">5990.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 03 / 30 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 212 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>American Marketing &amp; Publishing, Inc.</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 20 / 2020		
Mailing Address 2012 Stonewater Ct			Amount <span style="border: 1px solid black; padding: 2px;">2995.00</span>		
City Hoschton	State GA	Zip Code 30548	Transaction ID : <b>SE.23686</b>		
Purpose of Expenditure Door Hangers		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 20 / 2020		
Name of Federal Candidate: OSSOFF, T. JONATHAN, , ,			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">148798.00</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>Campaign HQ</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 23 / 2020		
Mailing Address PO Box 257			Amount <span style="border: 1px solid black; padding: 2px;">16257.73</span>		
City Brooklyn	State IA	Zip Code 52211	Transaction ID : <b>SE.23448</b>		
Purpose of Expenditure Phone Calls		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 22 / 2020		
Name of Federal Candidate: FLETCHER, ELIZABETH, , ,			Office Sought: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">391551.59</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">19252.73</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM / DD / YYYY"/>	
Full Name of Payee <b>Campaign HQ</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>PO Box 257</b>			Date of Public Distribution/Dissemination <input type="text" value="MM / DD / YYYY"/> 10 / 23 / 2020		
City <b>Brooklyn</b>		State <b>IA</b>	Amount <input type="text" value="11745.16"/>		
Zip Code <b>52211</b>		<b>Transaction ID : SE.23449</b>			
Purpose of Expenditure <b>Phone Calls</b>			Date of Disbursement or Obligation <input type="text" value="MM / DD / YYYY"/> 10 / 22 / 2020		
Category/Type <input type="text" value=""/>					
Name of Federal Candidate: <b>DAVIS, WENDY, , ,</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate			District: <b>21</b> State: <b>TX</b>		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="283779.10"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Campaign HQ</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>PO Box 257</b>			Date of Public Distribution/Dissemination <input type="text" value="MM / DD / YYYY"/> 10 / 23 / 2020		
City <b>Brooklyn</b>		State <b>IA</b>	Amount <input type="text" value="20708.25"/>		
Zip Code <b>52211</b>		<b>Transaction ID : SE.23450</b>			
Purpose of Expenditure <b>Phone Calls</b>			Date of Disbursement or Obligation <input type="text" value="MM / DD / YYYY"/> 10 / 22 / 2020		
Category/Type <input type="text" value=""/>					
Name of Federal Candidate: <b>KULKARNI, SRI PRESTON, , ,</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate			District: <b>22</b> State: <b>TX</b>		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="443926.06"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... <input type="text" value="32453.41"/>					
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... <input type="text" value=""/>					
<b>(c) TOTAL</b> Independent Expenditures ..... <input type="text" value=""/>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			Date <input type="text" value="MM / DD / YYYY"/> 03 / 30 / 2021		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Campaign HQ</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 23 / 2020		
Mailing Address PO Box 257			Amount <span style="border: 1px solid black; padding: 2px;">18423.04</span>		
City Brooklyn	State IA	Zip Code 52211	Transaction ID : <b>SE.23451</b>		
Purpose of Expenditure Phone Calls		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 22 / 2020		
Name of Federal Candidate: VALENZUELA, CANDACE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>24</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">446956.63</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Campaign HQ</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 23 / 2020		
Mailing Address PO Box 257			Amount <span style="border: 1px solid black; padding: 2px;">9913.63</span>		
City Brooklyn	State IA	Zip Code 52211	Transaction ID : <b>SE.23452</b>		
Purpose of Expenditure Phone Calls		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 22 / 2020		
Name of Federal Candidate: ALLRED, COLIN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>32</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">266226.35</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">28336.67</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>	
Full Name of Payee <b>Campaign HQ</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address <b>PO Box 257</b>					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
City <b>Brooklyn</b>		State <b>IA</b>	Zip Code <b>52211</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5520.00</div>
Purpose of Expenditure <b>Phone Calls</b>			Category/Type <div style="border: 1px solid black; padding: 2px;"></div>		Transaction ID : <b>SE.23489</b> Date of Disbursement or Obligation
Name of Federal Candidate: <b>WAGNER, ANN L., , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <b>02</b> State: <b>MO</b>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">28310.70</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>Campaign HQ</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address <b>PO Box 257</b>					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
City <b>Brooklyn</b>		State <b>IA</b>	Zip Code <b>52211</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5520.00</div>
Purpose of Expenditure <b>Phone Calls</b>			Category/Type <div style="border: 1px solid black; padding: 2px;"></div>		Transaction ID : <b>SE.23491</b> Date of Disbursement or Obligation
Name of Federal Candidate: <b>SCHUPP, JILL DARLYNE, , ,</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <b>02</b> State: <b>MO</b>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">33830.70</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures .....					<div style="border: 1px solid black; padding: 2px; text-align: right;">11040.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....					<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) TOTAL Independent Expenditures .....					<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 216 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Campaign HQ</b>	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>						
Mailing Address <b>PO Box 257</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">11833.36</div> <b>Transaction ID : SE.23496</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">City</td> <td style="width: 33%; border-bottom: 1px solid black;">State</td> <td style="width: 33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Brooklyn</td> <td style="border-bottom: 1px solid black;">IA</td> <td style="border-bottom: 1px solid black;">52211</td> </tr> </table>		City	State	Zip Code	Brooklyn	IA	52211
City		State	Zip Code				
Brooklyn	IA	52211					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Purpose of Expenditure Phone Calls</td> <td style="width: 50%; border-bottom: 1px solid black;">Category/ Type</td> </tr> </table>	Purpose of Expenditure Phone Calls	Category/ Type					
Purpose of Expenditure Phone Calls	Category/ Type						
Name of Federal Candidate: <span style="float: right;"><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</span> <b>TRUMP, DONALD J., , ,</b>							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">5290216.71</div>							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> Other (specify) <span style="float: right;">District: _____ State: _____</span>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <span style="float: right;">2020</span>							

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Campaign HQ</b>	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>						
Mailing Address <b>PO Box 257</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">11833.36</div> <b>Transaction ID : SE.23497</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">City</td> <td style="width: 33%; border-bottom: 1px solid black;">State</td> <td style="width: 33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Brooklyn</td> <td style="border-bottom: 1px solid black;">IA</td> <td style="border-bottom: 1px solid black;">52211</td> </tr> </table>		City	State	Zip Code	Brooklyn	IA	52211
City		State	Zip Code				
Brooklyn	IA	52211					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Purpose of Expenditure Phone Calls</td> <td style="width: 50%; border-bottom: 1px solid black;">Category/ Type</td> </tr> </table>	Purpose of Expenditure Phone Calls	Category/ Type					
Purpose of Expenditure Phone Calls	Category/ Type						
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</span> <b>BIDEN, JOSEPH R JR., , ,</b>							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">5302050.07</div>							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> Other (specify) <span style="float: right;">District: _____ State: _____</span>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <span style="float: right;">2020</span>							

<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>	<div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">23666.72</div>
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>	<div style="border: 1px solid black; padding: 2px; text-align: right; float: right;"> </div>
<b>(c) TOTAL Independent Expenditures .....</b>	<div style="border: 1px solid black; padding: 2px; text-align: right; float: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 217 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>	
Full Name of Payee <b>Campaign HQ</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address <b>PO Box 257</b>					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
City <b>Brooklyn</b>		State <b>IA</b>	Zip Code <b>52211</b>		Amount <b>593.91</b>
Purpose of Expenditure <b>Phone Calls</b>			Category/ Type <div style="border: 1px solid black; padding: 2px;"></div>		Transaction ID : <b>SE.23500</b> Date of Disbursement or Obligation
Name of Federal Candidate: <b>TILLIS, THOM R. SEN., , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px;"></div> <b>421607.67</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee <b>Campaign HQ</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address <b>PO Box 257</b>					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
City <b>Brooklyn</b>		State <b>IA</b>	Zip Code <b>52211</b>		Amount <b>593.91</b>
Purpose of Expenditure <b>Phone Calls</b>			Category/ Type <div style="border: 1px solid black; padding: 2px;"></div>		Transaction ID : <b>SE.23501</b> Date of Disbursement or Obligation
Name of Federal Candidate: <b>CUNNINGHAM, CAL., , ,</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px;"></div> <b>422201.58</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures .....					<div style="border: 1px solid black; padding: 2px;"></div> <b>1187.82</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....					<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures .....					<div style="border: 1px solid black; padding: 2px;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div> <b>03 / 30 / 2021</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 218 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Campaign HQ</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 27 / 2020		
Mailing Address PO Box 257			Amount <span style="border: 1px solid black; padding: 2px;">914.89</span>		
City Brooklyn	State IA	Zip Code 52211	Transaction ID : <b>SE.23502</b>		
Purpose of Expenditure Phone Calls		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 27 / 2020		
Name of Federal Candidate: MCSALLY, MARTHA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">485571.67</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Campaign HQ</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 27 / 2020		
Mailing Address PO Box 257			Amount <span style="border: 1px solid black; padding: 2px;">914.89</span>		
City Brooklyn	State IA	Zip Code 52211	Transaction ID : <b>SE.23503</b>		
Purpose of Expenditure Phone Calls		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 27 / 2020		
Name of Federal Candidate: KELLY, MARK, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">486486.56</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">1829.78</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 219 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Campaign HQ</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 27 / 2020		
Mailing Address PO Box 257			Amount <span style="border: 1px solid black; padding: 2px;">2053.18</span>		
City Brooklyn		State IA	Zip Code 52211		Transaction ID : <b>SE.23504</b>
Purpose of Expenditure Phone Calls		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 27 / 2020	
Name of Federal Candidate: JAMES, JOHN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">481834.89</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Campaign HQ</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 27 / 2020		
Mailing Address PO Box 257			Amount <span style="border: 1px solid black; padding: 2px;">2053.18</span>		
City Brooklyn		State IA	Zip Code 52211		Transaction ID : <b>SE.23505</b>
Purpose of Expenditure Phone Calls		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 27 / 2020	
Name of Federal Candidate: PETERS, GARY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">483888.07</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">4106.36</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Campaign HQ</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 29 / 2020		
Mailing Address PO Box 257			Amount <span style="border: 1px solid black; padding: 2px;">37252.62</span>		
City Brooklyn	State IA	Zip Code 52211	Transaction ID : <b>SE.23523</b>		
Purpose of Expenditure Phone Calls		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 29 / 2020		
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5679407.07</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Campaign HQ</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 29 / 2020		
Mailing Address PO Box 257			Amount <span style="border: 1px solid black; padding: 2px;">37252.62</span>		
City Brooklyn	State IA	Zip Code 52211	Transaction ID : <b>SE.23524</b>		
Purpose of Expenditure Phone Calls		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 29 / 2020		
Name of Federal Candidate: BIDEN, JOSEPH R JR., , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5716659.69</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">74505.24</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 221 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <span style="margin-left: 20px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Campaign HQ</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin: 0 5px;">M M / D D / Y Y Y Y Y Y</span> <span>10 / 30 / 2020</span> </div>			
Mailing Address <b>PO Box 257</b>	Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin: 0 5px;">M M / D D / Y Y Y Y Y Y</span> <span>1997.13</span> </div> <b>Transaction ID : SE.23583</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin: 0 5px;">M M / D D / Y Y Y Y Y Y</span> <span>10 / 29 / 2020</span> </div>			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City Brooklyn</td> <td style="width: 33%;">State IA</td> <td style="width: 33%;">Zip Code 52211</td> </tr> </table>		City Brooklyn	State IA	Zip Code 52211
City Brooklyn		State IA	Zip Code 52211	
Purpose of Expenditure Phone Calls <div style="float: right; border: 1px solid black; padding: 2px; margin-top: 5px;">           Category/ Type         </div>				
Name of Federal Candidate: <span style="float: right;"><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</span> TRUMP, DONALD J., , ,				
Calendar Year-To-Date Per Election for Office Sought <span style="float: right; border: 1px solid black; padding: 2px;">5718656.82</span>				
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶				

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Campaign HQ</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin: 0 5px;">M M / D D / Y Y Y Y Y Y</span> <span>10 / 30 / 2020</span> </div>			
Mailing Address <b>PO Box 257</b>	Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin: 0 5px;">M M / D D / Y Y Y Y Y Y</span> <span>1997.13</span> </div> <b>Transaction ID : SE.23586</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin: 0 5px;">M M / D D / Y Y Y Y Y Y</span> <span>10 / 29 / 2020</span> </div>			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City Brooklyn</td> <td style="width: 33%;">State IA</td> <td style="width: 33%;">Zip Code 52211</td> </tr> </table>		City Brooklyn	State IA	Zip Code 52211
City Brooklyn		State IA	Zip Code 52211	
Purpose of Expenditure Phone Calls <div style="float: right; border: 1px solid black; padding: 2px; margin-top: 5px;">           Category/ Type         </div>				
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</span> BIDEN, JOSEPH R JR., , ,				
Calendar Year-To-Date Per Election for Office Sought <span style="float: right; border: 1px solid black; padding: 2px;">5720653.95</span>				
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶				

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;">3994.26</span>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <span style="border: 1px solid black; padding: 2px;"> </span>
(c) TOTAL Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
03 / 30 / 2021

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 222 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Campaign HQ</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 30 / 2020		
Mailing Address PO Box 257			Amount <span style="border: 1px solid black; padding: 2px;">1482.49</span>		
City Brooklyn		State IA	Zip Code 52211		Transaction ID : <b>SE.23589</b>
Purpose of Expenditure Phone Calls			Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 29 / 2020
Name of Federal Candidate: GRAHAM, LINDSEY O., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">390138.77</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee <b>Campaign HQ</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 30 / 2020		
Mailing Address PO Box 257			Amount <span style="border: 1px solid black; padding: 2px;">1482.49</span>		
City Brooklyn		State IA	Zip Code 52211		Transaction ID : <b>SE.23590</b>
Purpose of Expenditure Phone Calls			Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 29 / 2020
Name of Federal Candidate: HARRISON, JAIME, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">391621.26</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">2964.98</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"> </span>	
(c) TOTAL Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;"> </span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 223 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <b>Campaign HQ</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address <b>PO Box 257</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">514.62</div>		
City <b>Brooklyn</b>	State <b>IA</b>	Zip Code <b>52211</b>	<b>Transaction ID : SE.23592</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure <b>Phone Calls</b>		Category/ Type <div style="border: 1px solid black; width: 50px; height: 15px; margin-top: 2px;"></div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <b>ERNST, JONI K, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>IA</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">258258.17</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Campaign HQ</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address <b>PO Box 257</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">514.62</div>		
City <b>Brooklyn</b>	State <b>IA</b>	Zip Code <b>52211</b>	<b>Transaction ID : SE.23593</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure <b>Phone Calls</b>		Category/ Type <div style="border: 1px solid black; width: 50px; height: 15px; margin-top: 2px;"></div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <b>GREENFIELD, THERESA, , ,</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>IA</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">258772.79</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;">1029.24</div>		
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
<b>(c) TOTAL Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Gross, Jennifer, , ,</i>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 224 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Campaign Inbox</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 20 / 2020		
Mailing Address 601 New Jersey Ave NW Suite 400			Amount <span style="border: 1px solid black; padding: 2px;">355.00</span>		
City Washington		State DC	Zip Code 20001		Transaction ID : <b>SE.30044</b>
Purpose of Expenditure Email Communication, originally filed as estimate of \$2,500, this is actual			Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 20 / 2020
Name of Federal Candidate: JAMES, JOHN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">479235.37</span> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Campaign Inbox</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 20 / 2020		
Mailing Address 601 New Jersey Ave NW Suite 400			Amount <span style="border: 1px solid black; padding: 2px;">355.00</span>		
City Washington		State DC	Zip Code 20001		Transaction ID : <b>SE.30045</b>
Purpose of Expenditure Email Communication, originally filed as estimate of \$2,500, this is actual			Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 20 / 2020
Name of Federal Candidate: PETERS, GARY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">479590.37</span> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">710.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 225 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
---	---

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Campaign Inbox</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y Y Y</div> <div>10 / 22 / 2020</div> </div>	
Mailing Address 601 New Jersey Ave NW Suite 400			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">900.88</div>	
City Washington	State DC	Zip Code 20001		
Purpose of Expenditure Email Communciation, originally filed as estimate of \$2,275, this is actual		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Transaction ID : <b>SE.30019</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y Y Y</div> <div>10 / 22 / 2020</div> </div>	
Name of Federal Candidate: GRAHAM, LINDSEY O., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">387755.41</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee <b>Campaign Inbox</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y Y Y</div> <div>10 / 22 / 2020</div> </div>	
Mailing Address 601 New Jersey Ave NW Suite 400			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">900.87</div>	
City Washington	State DC	Zip Code 20001		
Purpose of Expenditure Email Communciation, originally filed as estimate of \$2,275, this is actual		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Transaction ID : <b>SE.30020</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y Y Y</div> <div>10 / 22 / 2020</div> </div>	
Name of Federal Candidate: HARRISON, JAIME, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">388656.28</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	►	1801.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....	►	
(c) TOTAL Independent Expenditures .....	►	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

03 / 30 / 2021

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 226 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <b>Campaign Inbox</b> <div style="text-align: right;"><input type="checkbox"/> Memo Item</div>	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>						
Mailing Address 601 New Jersey Ave NW Suite 400	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">           456.00         </div>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">City</td> <td style="width: 33%; border-bottom: 1px solid black;">State</td> <td style="width: 33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20001</td> </tr> </table>		City	State	Zip Code	Washington	DC	20001
City		State	Zip Code				
Washington	DC	20001					
Purpose of Expenditure Email Communication, originally filed as estimate of \$1,750, this is actual							
Name of Federal Candidate: <b>TRUMP, DONALD J., ,</b> <div style="display: flex; justify-content: flex-end; align-items: center;"> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose       </div>							
Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____							
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶						
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">           5302506.07         </div>							

Full Name of Payee <b>Campaign Inbox</b> <div style="text-align: right;"><input type="checkbox"/> Memo Item</div>	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>						
Mailing Address 601 New Jersey Ave NW Suite 400	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">           456.00         </div>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">City</td> <td style="width: 33%; border-bottom: 1px solid black;">State</td> <td style="width: 33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20001</td> </tr> </table>		City	State	Zip Code	Washington	DC	20001
City		State	Zip Code				
Washington	DC	20001					
Purpose of Expenditure Email Communication, originally filed as estimate of \$1,750, this is actual							
Name of Federal Candidate: <b>BIDEN, JOSEPH R JR., ,</b> <div style="display: flex; justify-content: flex-end; align-items: center;"> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose       </div>							
Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____							
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶						
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">           5302962.07         </div>							

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">           912.00         </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
<b>(c) TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2021

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 227 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Campaign Inbox</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 29 / 2020		
Mailing Address 601 New Jersey Ave NW Suite 400			Amount <span style="border: 1px solid black; padding: 2px;">32.34</span>		
City Washington		State DC	Zip Code 20001		Transaction ID : <b>SE.30059</b>
Purpose of Expenditure Email Communication, originally filed as estimate of \$218.75, this actual			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 29 / 2020
Name of Federal Candidate: KIM, YOUNG, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 39 State: CA
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">32.34</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>Campaign Inbox</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 29 / 2020		
Mailing Address 601 New Jersey Ave NW Suite 400			Amount <span style="border: 1px solid black; padding: 2px;">258.78</span>		
City Washington		State DC	Zip Code 20001		Transaction ID : <b>SE.30079</b>
Purpose of Expenditure Email Communication, originally filed as estimate of \$1,750, this actual			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 29 / 2020
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: State:
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">5720912.73</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">291.12</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 228 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Campaign Inbox</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 29 / 2020</span> </div>	
Mailing Address 601 New Jersey Ave NW Suite 400			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-left: 100px;">32.34</span> </div>		
City Washington	State DC	Zip Code 20001			
Purpose of Expenditure Email Communication, originally filed as estimate of \$218.75, this actual		Category/Type	Transaction ID : <b>SE.30080</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 29 / 2020</span> </div>		
Name of Federal Candidate: HUNT, WESLEY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-left: 100px;">402878.93</span> </div>		

Full Name of Payee <b>Campaign Inbox</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 29 / 2020</span> </div>	
Mailing Address 601 New Jersey Ave NW Suite 400			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-left: 100px;">32.34</span> </div>		
City Washington	State DC	Zip Code 20001			
Purpose of Expenditure Email Communication, originally filed as estimate of \$218.75, this actual		Category/Type	Transaction ID : <b>SE.30081</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 29 / 2020</span> </div>		
Name of Federal Candidate: BOEBERT, LAUREN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-left: 100px;">32.34</span> </div>		

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	64.68
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2021

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 229 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <b>Campaign Inbox</b> <div style="text-align: right;"><input type="checkbox"/> Memo Item</div>	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>						
Mailing Address 601 New Jersey Ave NW Suite 400	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">32.34</div>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">City</td> <td style="width: 33%; border-bottom: 1px solid black;">State</td> <td style="width: 33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Washington</td> <td style="border-bottom: 1px solid black;">DC</td> <td style="border-bottom: 1px solid black;">20001</td> </tr> </table>		City	State	Zip Code	Washington	DC	20001
City		State	Zip Code				
Washington	DC	20001					
Purpose of Expenditure Email Communication, originally filed as estimate of \$218.75, this actual							
Name of Federal Candidate: PAULINA LUNA, ANNA, , ,	<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President  <input type="checkbox"/> Senate         </div> <div>           District: 13            State: FL         </div> </div>						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶						

Full Name of Payee <b>Campaign Inbox</b> <div style="text-align: right;"><input type="checkbox"/> Memo Item</div>	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>						
Mailing Address 601 New Jersey Ave NW Suite 400	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">32.34</div>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">City</td> <td style="width: 33%; border-bottom: 1px solid black;">State</td> <td style="width: 33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Washington</td> <td style="border-bottom: 1px solid black;">DC</td> <td style="border-bottom: 1px solid black;">20001</td> </tr> </table>		City	State	Zip Code	Washington	DC	20001
City		State	Zip Code				
Washington	DC	20001					
Purpose of Expenditure Email Communication, originally filed as estimate of \$218.75, this actual							
Name of Federal Candidate: MEIJER, PETER MR., , ,	<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President  <input type="checkbox"/> Senate         </div> <div>           District: 03            State: MI         </div> </div>						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;">64.68</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

## New report

Amends report filed on

Date of Public Distribution/DisseminationAmount32.34Category/  
TypeTransaction ID : SE.30084Date of Disbursement or Obligation

MM / DD / YYYY

**X** Support

Office Sought: ☒ House District: 07

☐ Oppose

☐ President ☐ Senate State: GA

32.34

Disbursement For: ☐ Primary ☒ General  
2020 ☐ Other (specify) ▶

Date of Public Distribution/Dissemination

MM / DD / YYYY

Amount

32.34

Category/  
TypeTransaction ID : SE.30085Date of Disbursement or Obligation

M M / D D / Y Y Y Y  
10 29 2020

 Support

Office Sought: ☒ House District: 06

☐ Oppose

☐ President ☐ Senate State IL

32.34

Disbursement For: ☐ Primary ☒ General  
2020 ☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

64.68

(b) **SUBTOTAL** of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures .....

Gross, Jennifer, . . .

Date \_\_\_\_\_

MM / DD / YYYY

FEC Schedule E (Form 3X) Rev. 05/2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 231 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <b>Campaign Inbox</b> <div style="text-align: right;"><input type="checkbox"/> Memo Item</div>	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>						
Mailing Address 601 New Jersey Ave NW Suite 400	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">           32.34         </div>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">City</td> <td style="width: 33%; border-bottom: 1px solid black;">State</td> <td style="width: 33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20001</td> </tr> </table>		City	State	Zip Code	Washington	DC	20001
City		State	Zip Code				
Washington	DC	20001					
Purpose of Expenditure Email Communication, originally filed as estimate of \$218.75, this actual							
Name of Federal Candidate: <b>HAGAN, CHRISTINA, , ,</b> <div style="display: flex; justify-content: space-between; width: 100%;"> <div> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u>  <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u> </div> </div>							
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶						

Full Name of Payee <b>Campaign Inbox</b> <div style="text-align: right;"><input type="checkbox"/> Memo Item</div>	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>						
Mailing Address 601 New Jersey Ave NW Suite 400	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">           115.50         </div>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">City</td> <td style="width: 33%; border-bottom: 1px solid black;">State</td> <td style="width: 33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20001</td> </tr> </table>		City	State	Zip Code	Washington	DC	20001
City		State	Zip Code				
Washington	DC	20001					
Purpose of Expenditure Email Communication, originally filed as estimate of \$1,500, this is actual							
Name of Federal Candidate: <b>HUNT, WESLEY, , ,</b> <div style="display: flex; justify-content: space-between; width: 100%;"> <div> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u>  <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u> </div> </div>							
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶						

(a) SUBTOTAL of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">           147.84         </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">           0.00         </div>
(c) TOTAL Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">           147.84         </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 232 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Campaign Inbox</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2020		
Mailing Address 601 New Jersey Ave NW Suite 400			Amount <span style="border: 1px solid black; padding: 2px;">115.50</span>		
City Washington		State DC	Zip Code 20001		Transaction ID : <b>SE.30102</b>
Purpose of Expenditure Email Communication, originally filed as estimate of \$1,500, this is actual			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2020
Name of Federal Candidate: FLETCHER, ELIZABETH, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">403109.93</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Campaign Inbox</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 02 / 2020		
Mailing Address 601 New Jersey Ave NW Suite 400			Amount <span style="border: 1px solid black; padding: 2px;">1183.60</span>		
City Washington		State DC	Zip Code 20001		Transaction ID : <b>SE.30105</b>
Purpose of Expenditure Email Communication, originally filed as estimate of \$2,500, this is actual			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 02 / 2020
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5722096.33</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">1299.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	
Signature					



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 233 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
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 Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on  /  / 

Full Name of Payee <b>Campaign Inbox</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 601 New Jersey Ave NW Suite 400			Amount <input type="text"/> 1750.00 <b>Transaction ID : SE.30113</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington	State DC	Zip Code 20001	
Purpose of Expenditure Email Communication, originally filed as estimate of \$1,750, this is actual		Category/Type <input type="text"/>	
Name of Federal Candidate: LOEFFLER, KELLY, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: GA
Calendar Year-To-Date Per Election for Office Sought		<input type="text"/> 1750.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Runoff

Full Name of Payee <b>Campaign Inbox</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 601 New Jersey Ave NW Suite 400			Amount <input type="text"/> 1750.00 <b>Transaction ID : SE.30114</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington	State DC	Zip Code 20001	
Purpose of Expenditure Email Communication, originally filed as estimate of \$1,750, this is actual		Category/Type <input type="text"/>	
Name of Federal Candidate: PERDUE, DAVID, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: GA
Calendar Year-To-Date Per Election for Office Sought		<input type="text"/> 1750.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text"/> 3500.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 /  /   
 03 / 30 / 2021

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 234 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <b>Campaign Inbox</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>11 / 08 / 2020</span> </div>	
Mailing Address 601 New Jersey Ave NW Suite 400			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-right: 5px;">1984.10</span> </div>	
City Washington	State DC	Zip Code 20001		
Purpose of Expenditure Email Communication, originally filed as estimate of \$2,500, this is actual		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE.30121</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>11 / 08 / 2020</span> </div>	
Name of Federal Candidate: LOEFFLER, KELLY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-right: 5px;">1984.10</span> </span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-Runoff</u>	

Full Name of Payee <b>Campaign Inbox</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>11 / 08 / 2020</span> </div>	
Mailing Address 601 New Jersey Ave NW Suite 400			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-right: 5px;">1984.10</span> </div>	
City Washington	State DC	Zip Code 20001		
Purpose of Expenditure Email Communication, originally filed as estimate of \$2,500, this is actual		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE.30122</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>11 / 08 / 2020</span> </div>	
Name of Federal Candidate: PERDUE, DAVID, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-right: 5px;">3734.10</span> </span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	<span style="margin-right: 5px;">3968.20</span>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<span style="margin-right: 5px;"> </span>
(c) TOTAL Independent Expenditures .....	▶	<span style="margin-right: 5px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY  
 03 / 30 / 2021

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 235 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>	
Full Name of Payee <b>Campaign Inbox</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 11 / 09 / 2020		
Mailing Address 601 New Jersey Ave NW Suite 400			Amount <span style="border: 1px solid black; padding: 2px;">2500.00</span>		
City Washington		State DC	Zip Code 20001		Transaction ID : <b>SE.30128</b>
Purpose of Expenditure Email Communication, originally filed as estimate of \$2,500, this is actual			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 11 / 09 / 2020
Name of Federal Candidate: LOEFFLER, KELLY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">2500.00</span> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-Runoff</u>		
Full Name of Payee <b>Campaign Inbox</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 11 / 09 / 2020		
Mailing Address 601 New Jersey Ave NW Suite 400			Amount <span style="border: 1px solid black; padding: 2px;">1250.00</span>		
City Washington		State DC	Zip Code 20001		Transaction ID : <b>SE.30129</b>
Purpose of Expenditure Email Communication, originally filed as estimate of \$1,250, this is actual			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 11 / 09 / 2020
Name of Federal Candidate: PERDUE, DAVID, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">4984.10</span> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">3750.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 03 / 30 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 236 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Campaign Inbox</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>11 / 09 / 2020</span> </div>	
Mailing Address 601 New Jersey Ave NW Suite 400			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-right: 10px;">1250.00</span> </div>	
City Washington	State DC	Zip Code 20001		
Purpose of Expenditure Email Communication, originally filed as estimate of \$1,250, this is actual		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE.30130</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>11 / 09 / 2020</span> </div>	
Name of Federal Candidate: OSSOFF, T. JONATHAN, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;">6234.10</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Campaign Inbox</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>11 / 13 / 2020</span> </div>	
Mailing Address 601 New Jersey Ave NW Suite 400			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-right: 10px;">2984.38</span> </div>	
City Washington	State DC	Zip Code 20001		
Purpose of Expenditure Email Communication, originally filed as estimate of \$4,000, this is actual		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE.30141</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>11 / 13 / 2020</span> </div>	
Name of Federal Candidate: LOEFFLER, KELLY, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;">2984.38</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-Runoff</u>	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;">4234.38</span>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;"> </span>
(c) TOTAL Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY  
 03 / 30 / 2021

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 237 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM/DD/YYYY"/>	
Full Name of Payee <b>Campaign Inbox</b>			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 11 / 13 / 2020		
Mailing Address 601 New Jersey Ave NW Suite 400			Amount <input type="text" value="Amount"/> 2984.37		
City Washington		State DC	Zip Code 20001		
Purpose of Expenditure Email Communication, originally filed as estimate of \$4,000, this is actual			Category/Type <input type="text" value="Category/Type"/>		
Name of Federal Candidate: PERDUE, DAVID, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: GA		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="Amount"/> 9218.47			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>Campaign Inbox</b>			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 11 / 20 / 2020		
Mailing Address 601 New Jersey Ave NW Suite 400			Amount <input type="text" value="Amount"/> 398.75		
City Washington		State DC	Zip Code 20001		
Purpose of Expenditure Email Communication, originally filed as estimate of \$1,250, this is actual			Category/Type <input type="text" value="Category/Type"/>		
Name of Federal Candidate: LOEFFLER, KELLY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: GA		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="Amount"/> 398.75			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<input type="text" value="Amount"/> 3383.12		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<input type="text" value="Amount"/>		
(c) TOTAL Independent Expenditures .....			<input type="text" value="Amount"/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date <input type="text" value="MM/DD/YYYY"/> 03 / 30 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 238 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <b>Campaign Inbox</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 601 New Jersey Ave NW Suite 400			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">398.75</div>	
City Washington	State DC	Zip Code 20001		
Purpose of Expenditure Email Communication, originally filed as estimate of \$1,250, this is actual		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	Transaction ID : <b>SE.30154</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: WARNOCK, RAPHAEL, ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-Runoff</u>	

Full Name of Payee <b>Campaign Inbox</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 601 New Jersey Ave NW Suite 400			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">398.75</div>	
City Washington	State DC	Zip Code 20001		
Purpose of Expenditure Email Communication, originally filed as estimate of \$1,250, this is actual		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	Transaction ID : <b>SE.30155</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: PERDUE, DAVID, ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	797.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M /

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03

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2021

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 239 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Campaign Inbox</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 20 / 2020		
Mailing Address 601 New Jersey Ave NW Suite 400			Amount <span style="border: 1px solid black; padding: 2px;">398.75</span>		
City Washington		State DC	Zip Code 20001		Transaction ID : <b>SE.30156</b>
Purpose of Expenditure Email Communication, originally filed as estimate of \$1,250, this is actual			Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 20 / 2020
Name of Federal Candidate: OSSOFF, T. JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>GA</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">149595.50</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>Corporate Communications Group</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2020		
Mailing Address 800 Commerce Dr			Amount <span style="border: 1px solid black; padding: 2px;">885.02</span>		
City Upper Marlboro		State MD	Zip Code 20774		Transaction ID : <b>SE.22153</b>
Purpose of Expenditure Postage - see schedule B			Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2020
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">4169076.98</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">1283.77</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 240 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M M /

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Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Corporate Communications Group</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">16</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>	
Mailing Address <b>800 Commerce Dr</b>				
City <b>Upper Marlboro</b>	State <b>MD</b>	Zip Code <b>20774</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">885.03</div>	
Purpose of Expenditure <b>Postage - see schedule B</b>			Transaction ID : <b>SE.22156</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">16</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>	
Name of Federal Candidate: <b>BIDEN, JOSEPH R JR, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">4169962.01</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____				

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Corporate Communications Group</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">16</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>	
Mailing Address <b>800 Commerce Dr</b>				
City <b>Upper Marlboro</b>	State <b>MD</b>	Zip Code <b>20774</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">295.00</div>	
Purpose of Expenditure <b>Postage - see schedule B</b>			Transaction ID : <b>SE.22159</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">16</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>	
Name of Federal Candidate: <b>TILLIS, THOM R. SEN., , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">343092.64</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____				

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">1180.03</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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2021

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 241 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M M /

D D D /

Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Corporate Communications Group</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>800 Commerce Dr</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">295.00</div>	
City <b>Upper Marlboro</b>	State <b>MD</b>	Zip Code <b>20774</b>	<b>Transaction ID : SE.22160</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>Postage - see schedule B</b>			Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: <b>CUNNINGHAM, CAL, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">343387.64</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Corporate Communications Group</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>800 Commerce Dr</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">295.00</div>	
City <b>Upper Marlboro</b>	State <b>MD</b>	Zip Code <b>20774</b>	<b>Transaction ID : SE.22172</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>Postage - see schedule B</b>			Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: <b>KELLY, MARK, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AZ</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">380439.98</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	590.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M M /

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03

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2021

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 242 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM/DD/YYYY"/>	
Full Name of Payee <b>Corporate Communications Group</b>			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 10 / 16 / 2020		
Mailing Address 800 Commerce Dr			Amount <input type="text" value="295.00"/>		
City Upper Marlboro		State MD	Zip Code 20774		Transaction ID : <b>SE.22180</b>
Purpose of Expenditure Postage - see schedule B			Category/Type <input type="text" value=""/>		Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 10 / 16 / 2020
Name of Federal Candidate: DAINES, STEVE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			<input type="text" value="67322.04"/> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		
Full Name of Payee <b>Corporate Communications Group</b>			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 10 / 16 / 2020		
Mailing Address 800 Commerce Dr			Amount <input type="text" value="295.00"/>		
City Upper Marlboro		State MD	Zip Code 20774		Transaction ID : <b>SE.22181</b>
Purpose of Expenditure Postage - see schedule B			Category/Type <input type="text" value=""/>		Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 10 / 16 / 2020
Name of Federal Candidate: BULLOCK, STEVE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			<input type="text" value="67617.04"/> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<input type="text" value="590.00"/>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<input type="text" value=""/>		
(c) TOTAL Independent Expenditures .....			<input type="text" value=""/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Gross, Jennifer, , ,</i>		[Electronically Filed]		Date <input type="text" value="MM/DD/YYYY"/> 03 / 30 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 243 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Corporate Communications Group</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 800 Commerce Dr			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">295.00</div>	
City Upper Marlboro	State MD	Zip Code 20774	<b>Transaction ID : SE.22196</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Postage - see schedule B			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: JAMES, JOHN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Corporate Communications Group</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 800 Commerce Dr			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">295.00</div>	
City Upper Marlboro	State MD	Zip Code 20774	<b>Transaction ID : SE.22197</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Postage - see schedule B			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: PETERS, GARY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures .....	►	590.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	►	
(c) TOTAL Independent Expenditures .....	►	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M M

D D D

Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 244 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Corporate Communications Group</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 16 / 2020</span> </div>	
Mailing Address 800 Commerce Dr			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>295.00</span> </div> <b>Transaction ID : SE.22205</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 16 / 2020</span> </div>	
City Upper Marlboro	State MD	Zip Code 20774		
Purpose of Expenditure Postage - see schedule B		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		
Name of Federal Candidate: HUNT, WESLEY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>312332.06</span> </span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Corporate Communications Group</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 16 / 2020</span> </div>	
Mailing Address 800 Commerce Dr			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>295.00</span> </div> <b>Transaction ID : SE.22206</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 16 / 2020</span> </div>	
City Upper Marlboro	State MD	Zip Code 20774		
Purpose of Expenditure Postage - see schedule B		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		
Name of Federal Candidate: FLETCHER, ELIZABETH, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>312627.06</span> </span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	<span></span> <span>590.00</span>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<span></span> <span></span>
(c) TOTAL Independent Expenditures .....	▶	<span></span> <span></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY  
 03 / 30 / 2021

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 245 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Corporate Communications Group</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>800 Commerce Dr</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">295.00</div>	
City <b>Upper Marlboro</b>	State <b>MD</b>	Zip Code <b>20774</b>	<b>Transaction ID : SE.22217</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>Postage - see schedule B</b>			Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: <b>ROY, CHIP, , ,</b>			Office Sought: <input checked="" type="checkbox"/> House District: <b>21</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>TX</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">221640.72</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Corporate Communications Group</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>800 Commerce Dr</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">295.00</div>	
City <b>Upper Marlboro</b>	State <b>MD</b>	Zip Code <b>20774</b>	<b>Transaction ID : SE.22218</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>Postage - see schedule B</b>			Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: <b>DAVIS, WENDY, , ,</b>			Office Sought: <input checked="" type="checkbox"/> House District: <b>21</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>TX</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">221935.72</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	590.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M M /

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Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 246 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
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 Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on  /  / 

Full Name of Payee <b>Corporate Communications Group</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 800 Commerce Dr			Amount <input type="text"/> 295.00 <b>Transaction ID : SE.22219</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Upper Marlboro	State MD	Zip Code 20774	
Purpose of Expenditure Postage - see schedule B		Category/ Type <input type="text"/>	
Name of Federal Candidate: NEHLS, TROY, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		<input type="text"/> 342712.41	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Corporate Communications Group</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 800 Commerce Dr			Amount <input type="text"/> 295.00 <b>Transaction ID : SE.22220</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Upper Marlboro	State MD	Zip Code 20774	
Purpose of Expenditure Postage - see schedule B		Category/ Type <input type="text"/>	
Name of Federal Candidate: KULKARNI, SRI PRESTON, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		<input type="text"/> 343007.41	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text"/> 590.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Corporate Communications Group</b>			<input type="checkbox"/> Memo Item		
Mailing Address 800 Commerce Dr			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2020		
City Upper Marlboro		State MD	Zip Code 20774		
Purpose of Expenditure Postage - see schedule B		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Amount <span style="border: 1px solid black; padding: 2px;"> </span> 295.00	
Name of Federal Candidate: VAN DUYNE, ELIZABETH ANN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 24 State: TX		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"> </span> 360119.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Corporate Communications Group</b>			<input type="checkbox"/> Memo Item		
Mailing Address 800 Commerce Dr			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2020		
City Upper Marlboro		State MD	Zip Code 20774		
Purpose of Expenditure Postage - see schedule B		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Amount <span style="border: 1px solid black; padding: 2px;"> </span> 295.00	
Name of Federal Candidate: VALENZUELA, CANDACE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 24 State: TX		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"> </span> 360414.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span> 590.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 248 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M M /

D D D /

Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Corporate Communications Group</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>800 Commerce Dr</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">295.00</div>	
City <b>Upper Marlboro</b>	State <b>MD</b>	Zip Code <b>20774</b>	<b>Transaction ID : SE.22223</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>Postage - see schedule B</b>			Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: <b>COLLINS, GENEVIEVE D, , ,</b>			Office Sought: <input checked="" type="checkbox"/> House District: <b>32</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>TX</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">213852.63</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Corporate Communications Group</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>800 Commerce Dr</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">295.00</div>	
City <b>Upper Marlboro</b>	State <b>MD</b>	Zip Code <b>20774</b>	<b>Transaction ID : SE.22224</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>Postage - see schedule B</b>			Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: <b>ALLRED, COLIN, , ,</b>			Office Sought: <input checked="" type="checkbox"/> House District: <b>32</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>TX</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">214147.63</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	590.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 249 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Corporate Communications Group</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2020		
Mailing Address 800 Commerce Dr			Amount <span style="border: 1px solid black; padding: 2px;">295.00</span>		
City Upper Marlboro		State MD	Zip Code 20774		Transaction ID : <b>SE.22262</b>
Purpose of Expenditure Postage - see schedule B			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2020
Name of Federal Candidate: MCSALLY, MARTHA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <b>AZ</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">381473.24</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>EAN Services LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 15 / 2020		
Mailing Address PO Box 402383			Amount <span style="border: 1px solid black; padding: 2px;">2454.69</span>		
City Atlanta		State GA	Zip Code 30384		Transaction ID : <b>SE.30025</b>
Purpose of Expenditure Travel, originally filed estimate of \$2,500, this is actual			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 15 / 2020
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3748402.15</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">2749.69</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 250 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <input type="checkbox"/> Memo Item <b>EAN Services LLC</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 15 / 2020	
Mailing Address PO Box 402383				Amount <span style="border: 1px solid black; padding: 2px;">2454.69</span>	
City Atlanta		State GA		Zip Code 30384	
Purpose of Expenditure Travel, originally filed estimate of \$2,500, this is actual				Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    District: _____    State: _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3750856.84</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item <b>EAN Services LLC</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 23 / 2020	
Mailing Address PO Box 402383				Amount <span style="border: 1px solid black; padding: 2px;">95.67</span>	
City Atlanta		State GA		Zip Code 30384	
Purpose of Expenditure Travel, originally filed as estimate of \$125, this is actual				Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	
Name of Federal Candidate: JAMES, JOHN, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President    District: _____    State: MI	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">479686.04</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>				<span style="border: 1px solid black; padding: 2px;">2550.36</span>	
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>				<span style="border: 1px solid black; padding: 2px;"></span>	
<b>(c) TOTAL Independent Expenditures .....</b>				<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature				Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 251 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>EAN Services LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 402383			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 23 / 2020		
City Atlanta		State GA	Zip Code 30384	Amount <span style="border: 1px solid black; padding: 2px;">95.67</span>	
Purpose of Expenditure Travel, originally filed as estimate of \$125, this is actual			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	Transaction ID : <b>SE.30005</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 23 / 2020	
Name of Federal Candidate: PETERS, GARY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b>	
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">479781.71</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>EAN Services LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 402383			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 23 / 2020		
City Atlanta		State GA	Zip Code 30384	Amount <span style="border: 1px solid black; padding: 2px;">4487.96</span>	
Purpose of Expenditure Travel, originally filed estimate of \$4,625, this is actual			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	Transaction ID : <b>SE.30013</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 23 / 2020	
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">5273316.14</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">4583.63</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	
Full Name of Payee <b>EAN Services LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 402383			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2020		
City Atlanta		State GA	Zip Code 30384		
Purpose of Expenditure Travel, originally filed estimate of \$4,625, this is actual			Category/Type		
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			5277804.11		
Office Sought:			<input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Disbursement For:			<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Headway Workforce Solutions Inc.</b>			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2020		
City Raleigh		State NC	Zip Code 27604		
Purpose of Expenditure Canvassing / Travel			Category/Type		
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			5580212.07		
Office Sought:			<input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Disbursement For:			<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			53737.97		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures .....					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date	
Signature				MM / DD / YYYY 03 / 30 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>	
Full Name of Payee <b>Headway Workforce Solutions Inc.</b>			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 10 / 28 / 2020		
City Raleigh		State NC	Zip Code 27604		Amount <span style="border: 1px solid black; padding: 2px;">49250.00</span>
Purpose of Expenditure Canvassing / Travel			Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Transaction ID : <b>SE.23527</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 10 / 28 / 2020
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5629462.07</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Headway Workforce Solutions Inc.</b>			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 10 / 28 / 2020		
City Raleigh		State NC	Zip Code 27604		Amount <span style="border: 1px solid black; padding: 2px;">3740.00</span>
Purpose of Expenditure Canvassing / Travel			Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Transaction ID : <b>SE.23535</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 10 / 28 / 2020
Name of Federal Candidate: TILLIS, THOM R. SEN., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">425941.58</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">52990.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"> </span>	
(c) TOTAL Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;"> </span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 03 / 30 / 2021

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Headway Workforce Solutions Inc.</b>			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 28 / 2020		
City Raleigh		State NC	Zip Code 27604		Amount <span style="border: 1px solid black; padding: 2px;">3740.00</span>
Purpose of Expenditure Canvassing / Travel			Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Transaction ID : <b>SE.23536</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 28 / 2020
Name of Federal Candidate: CUNNINGHAM, CAL, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">429681.58</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Headway Workforce Solutions Inc.</b>			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 28 / 2020		
City Raleigh		State NC	Zip Code 27604		Amount <span style="border: 1px solid black; padding: 2px;">1020.00</span>
Purpose of Expenditure Canvassing / Travel			Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Transaction ID : <b>SE.23537</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 28 / 2020
Name of Federal Candidate: DAINES, STEVE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MT</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">81143.64</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....					<span style="border: 1px solid black; padding: 2px;">4760.00</span>
(b) SUBTOTAL of Unitemized Independent Expenditures.....					<span style="border: 1px solid black; padding: 2px;"> </span>
(c) TOTAL Independent Expenditures .....					<span style="border: 1px solid black; padding: 2px;"> </span>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>	
Full Name of Payee <b>Headway Workforce Solutions Inc.</b>			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 10 / 28 / 2020		
City Raleigh		State NC	Zip Code 27604		Amount <span style="border: 1px solid black; padding: 2px;">1020.00</span>
Purpose of Expenditure Canvassing / Travel			Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Transaction ID : <b>SE.23538</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 10 / 28 / 2020
Name of Federal Candidate: BULLOCK, STEVE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>MT</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">82163.64</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Headway Workforce Solutions Inc.</b>			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 10 / 28 / 2020		
City Raleigh		State NC	Zip Code 27604		Amount <span style="border: 1px solid black; padding: 2px;">5000.00</span>
Purpose of Expenditure Canvassing / Travel			Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Transaction ID : <b>SE.23539</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 10 / 28 / 2020
Name of Federal Candidate: MCSALLY, MARTHA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>AZ</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">491486.56</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">6020.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"> </span>	
(c) TOTAL Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;"> </span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 03 / 30 / 2021

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Headway Workforce Solutions Inc.</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 28 / 2020		
Mailing Address 3100 Smoketree Ct. Suite 900			Amount <span style="border: 1px solid black; padding: 2px;">5000.00</span>		
City Raleigh	State NC	Zip Code 27604	Transaction ID : <b>SE.23540</b>		
Purpose of Expenditure Canvassing / Travel		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 28 / 2020		
Name of Federal Candidate: KELLY, MARK, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AZ</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">496486.56</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Headway Workforce Solutions Inc.</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 28 / 2020		
Mailing Address 3100 Smoketree Ct. Suite 900			Amount <span style="border: 1px solid black; padding: 2px;">3250.00</span>		
City Raleigh	State NC	Zip Code 27604	Transaction ID : <b>SE.23541</b>		
Purpose of Expenditure Canvassing / Travel		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 28 / 2020		
Name of Federal Candidate: JAMES, JOHN, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">487138.07</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">8250.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Headway Workforce Solutions Inc.</b>			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 28 / 2020		
City Raleigh		State NC	Zip Code 27604		Amount <span style="border: 1px solid black; padding: 2px;">3250.00</span>
Purpose of Expenditure Canvassing / Travel			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE.23542</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 28 / 2020
Name of Federal Candidate: PETERS, GARY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">490388.07</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Headway Workforce Solutions Inc.</b>			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 28 / 2020		
City Raleigh		State NC	Zip Code 27604		Amount <span style="border: 1px solid black; padding: 2px;">12240.00</span>
Purpose of Expenditure Canvassing / Travel			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE.23543</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 28 / 2020
Name of Federal Candidate: CORNYN, JOHN SEN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">116280.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....					<span style="border: 1px solid black; padding: 2px;">15490.00</span>
(b) SUBTOTAL of Unitemized Independent Expenditures.....					<span style="border: 1px solid black; padding: 2px;"></span>
(c) TOTAL Independent Expenditures .....					<span style="border: 1px solid black; padding: 2px;"></span>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Headway Workforce Solutions Inc.</b>			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 28 / 2020		
City Raleigh		State NC	Zip Code 27604	Amount <span style="border: 1px solid black; padding: 2px;">12240.00</span>	
Purpose of Expenditure Canvassing / Travel			Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE.23544</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 28 / 2020	
Name of Federal Candidate: HEGAR, MARY JENNINGS MJ, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>TX</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">128520.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Headway Workforce Solutions Inc.</b>			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 28 / 2020		
City Raleigh		State NC	Zip Code 27604	Amount <span style="border: 1px solid black; padding: 2px;">960.00</span>	
Purpose of Expenditure Canvassing / Travel			Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE.23561</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 28 / 2020	
Name of Federal Candidate: HUNT, WESLEY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>TX</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">401886.59</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">13200.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <span style="margin-left: 20px;">MM / DD / YYYY</span>					
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Headway Workforce Solutions Inc.</b>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 28 / 2020</span> </div>	
Mailing Address 3100 Smoketree Ct. Suite 900				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>960.00</span> </div>	
City Raleigh		State NC		Zip Code 27604	
Purpose of Expenditure Canvassing / Travel				Category/Type <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 15px;"></span>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> FLETCHER, ELIZABETH, , , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>				Office Sought: <input checked="" type="checkbox"/> House    District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: TX	
Calendar Year-To-Date Per Election for Office Sought <span style="float: right; border: 1px solid black; padding: 2px;">402846.59</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Headway Workforce Solutions Inc.</b>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 28 / 2020</span> </div>	
Mailing Address 3100 Smoketree Ct. Suite 900				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>2240.00</span> </div>	
City Raleigh		State NC		Zip Code 27604	
Purpose of Expenditure Canvassing / Travel				Category/Type <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 15px;"></span>	
Name of Federal Candidate: <span style="float: right;"><input checked="" type="checkbox"/> Support</span> NEHLS, TROY, , , <span style="float: right;"><input type="checkbox"/> Oppose</span>				Office Sought: <input checked="" type="checkbox"/> House    District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: TX	
Calendar Year-To-Date Per Election for Office Sought <span style="float: right; border: 1px solid black; padding: 2px;">455541.06</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>				<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>3200.00</span> </div>	
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>				<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>	
<b>(c) TOTAL Independent Expenditures .....</b>				<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , <span style="float: right;">[Electronically Filed]</span> Signature				Date <span style="margin-left: 20px;">MM / DD / YYYY</span> <div style="display: flex; justify-content: space-between;"> <span>03 / 30 / 2021</span> </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Headway Workforce Solutions Inc.</b>			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 28 / 2020		
City Raleigh		State NC	Zip Code 27604		Amount <span style="border: 1px solid black; padding: 2px;">1120.00</span>
Purpose of Expenditure Canvassing / Travel			Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Transaction ID : <b>SE.23565</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 28 / 2020
Name of Federal Candidate: DAVIS, WENDY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">294274.10</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Headway Workforce Solutions Inc.</b>			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 28 / 2020		
City Raleigh		State NC	Zip Code 27604		Amount <span style="border: 1px solid black; padding: 2px;">2240.00</span>
Purpose of Expenditure Canvassing / Travel			Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Transaction ID : <b>SE.23567</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 28 / 2020
Name of Federal Candidate: KULKARNI, SRI PRESTON, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">457781.06</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">3360.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"> </span>	
(c) TOTAL Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;"> </span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Headway Workforce Solutions Inc.</b>			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 28 / 2020		
City Raleigh		State NC	Zip Code 27604		Amount <span style="border: 1px solid black; padding: 2px;">1120.00</span>
Purpose of Expenditure Canvassing / Travel			Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Transaction ID : <b>SE.23568</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 28 / 2020
Name of Federal Candidate: ROY, CHIP, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">295394.10</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Headway Workforce Solutions Inc.</b>			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 28 / 2020		
City Raleigh		State NC	Zip Code 27604		Amount <span style="border: 1px solid black; padding: 2px;">4000.00</span>
Purpose of Expenditure Canvassing / Travel			Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Transaction ID : <b>SE.23569</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 28 / 2020
Name of Federal Candidate: VAN DUYNE, ELIZABETH ANN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">460331.63</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">5120.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"> </span>	
(c) TOTAL Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;"> </span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>	
Full Name of Payee <b>Headway Workforce Solutions Inc.</b>			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 10 / 28 / 2020		
City Raleigh		State NC	Zip Code 27604		Amount <span style="border: 1px solid black; padding: 2px;">4000.00</span>
Purpose of Expenditure Canvassing / Travel			Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE.23570</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 10 / 28 / 2020
Name of Federal Candidate: VALENZUELA, CANDACE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>24</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">464331.63</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Headway Workforce Solutions Inc.</b>			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 10 / 28 / 2020		
City Raleigh		State NC	Zip Code 27604		Amount <span style="border: 1px solid black; padding: 2px;">3200.00</span>
Purpose of Expenditure Canvassing / Travel			Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE.23571</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 10 / 28 / 2020
Name of Federal Candidate: COLLINS, GENEVIEVE D, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>32</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">269426.35</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">7200.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 03 / 30 / 2021

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
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 Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on  /  / 

Full Name of Payee <b>Headway Workforce Solutions Inc.</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 3100 Smoketree Ct. Suite 900			Amount <input type="text"/> 3200.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : <b>SE.23572</b>	
Purpose of Expenditure Canvassing / Travel		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: ALLRED, COLIN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 272626.35			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Headway Workforce Solutions Inc.</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 3100 Smoketree Ct. Suite 900			Amount <input type="text"/> 12500.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : <b>SE.23711</b>	
Purpose of Expenditure Canvassing		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: PERDUE, DAVID, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 162095.50			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text"/> 15700.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 /  / 

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>	
Full Name of Payee <b>Headway Workforce Solutions Inc.</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 11 / 21 / 2020		
Mailing Address 3100 Smoketree Ct. Suite 900			Amount <span style="border: 1px solid black; padding: 2px;">12500.00</span>		
City Raleigh	State NC	Zip Code 27604	Transaction ID : <b>SE.23712</b>		
Purpose of Expenditure Canvassing		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 11 / 21 / 2020		
Name of Federal Candidate: OSSOFF, T. JONATHAN, , ,			Office Sought: <input type="checkbox"/> House District: <span style="border-bottom: 1px solid black; width: 50px;"></span> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">174595.50</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>		
Full Name of Payee <b>Headway Workforce Solutions Inc.</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 11 / 21 / 2020		
Mailing Address 3100 Smoketree Ct. Suite 900			Amount <span style="border: 1px solid black; padding: 2px;">12500.00</span>		
City Raleigh	State NC	Zip Code 27604	Transaction ID : <b>SE.23713</b>		
Purpose of Expenditure Canvassing		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 11 / 21 / 2020		
Name of Federal Candidate: LOEFFLER, KELLY, , ,			Office Sought: <input type="checkbox"/> House District: <span style="border-bottom: 1px solid black; width: 50px;"></span> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">12500.00</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-Runoff</u>		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">25000.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 03 / 30 / 2021	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Headway Workforce Solutions Inc.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>11</div> <div>21</div> <div>2020</div> </div>		
Mailing Address 3100 Smoketree Ct. Suite 900			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12500.00</div>		
City Raleigh	State NC	Zip Code 27604	<b>Transaction ID : SE.23714</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>11</div> <div>21</div> <div>2020</div> </div>		
Purpose of Expenditure Canvassing			Category/ Type		
Name of Federal Candidate: WARNOCK, RAPHAEL, ,			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House    District: _____  <input type="checkbox"/> President    <input checked="" type="checkbox"/> Senate    State: GA         </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">12500.00</div>		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Special-Runoff					
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Hertz</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>10</div> <div>15</div> <div>2020</div> </div>		
Mailing Address 1534 Sunset Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">612.08</div>		
City Steubenville	State OH	Zip Code 43952	<b>Transaction ID : SE.30035</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>10</div> <div>15</div> <div>2020</div> </div>		
Purpose of Expenditure Travel, originally filed as estimate of \$1,000, this is actual			Category/ Type		
Name of Federal Candidate: TRUMP, DONALD J., ,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House    District: _____  <input checked="" type="checkbox"/> President    <input type="checkbox"/> Senate    State: _____         </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">3751468.92</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">13112.08</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date	
				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>03</div> <div>30</div> <div>2021</div> </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Hertz</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1534 Sunset Blvd			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 15 / 2020		
City Steubenville		State OH	Zip Code 43952		Amount <span style="border: 1px solid black; padding: 2px;">612.07</span>
Purpose of Expenditure Travel, originally filed as estimate of \$1,000, this is actual			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE.30036</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 15 / 2020
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">3752080.99</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee <b>Hertz</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1534 Sunset Blvd			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 23 / 2020		
City Steubenville		State OH	Zip Code 43952		Amount <span style="border: 1px solid black; padding: 2px;">422.18</span>
Purpose of Expenditure Travel, originally filed as estimate of \$500, this is actual			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE.29993</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 23 / 2020
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">5268406.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">1034.25</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Hertz</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1534 Sunset Blvd			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 23 / 2020		
City Steubenville		State OH	Zip Code 43952		
Purpose of Expenditure Travel, originally filed as estimate of \$500, this is actual			Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;"> </span> 5268828.18		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President			District: <span style="border-bottom: 1px solid black;"> </span> State: <span style="border-bottom: 1px solid black;"> </span>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2020 <input type="checkbox"/> Other (specify) ▶ <span style="border-bottom: 1px solid black;"> </span>		
Full Name of Payee <b>i360</b>			<input type="checkbox"/> Memo Item		
Mailing Address P.O. Box 37046			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 19 / 2020		
City Baltimore		State MD	Zip Code 21297-3046		
Purpose of Expenditure Dialer Access, originally reported as estimate of \$750 , this is actual			Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		
Name of Federal Candidate: ROY, CHIP, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;"> </span> 251141.67		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President			District: <span style="border-bottom: 1px solid black;">21</span> State: <span style="border-bottom: 1px solid black;">TX</span>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2020 <input type="checkbox"/> Other (specify) ▶ <span style="border-bottom: 1px solid black;"> </span>		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span> 565.71		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	
Signature					

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**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>i360</b>			<input type="checkbox"/> Memo Item		
Mailing Address P.O. Box 37046			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 19 / 2020		
City Baltimore	State MD	Zip Code 21297-3046	Amount <span style="border: 1px solid black; padding: 2px;">143.53</span>		
Purpose of Expenditure Dialer Access, originally reported as estimate of \$750 , this is actual		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	Transaction ID : <b>SE.29985</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 19 / 2020		
Name of Federal Candidate: DAVIS, WENDY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">251285.20</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>i360</b>			<input type="checkbox"/> Memo Item		
Mailing Address P.O. Box 37046			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 01 / 2020		
City Baltimore	State MD	Zip Code 21297-3046	Amount <span style="border: 1px solid black; padding: 2px;">28.49</span>		
Purpose of Expenditure Debt Repayment: Dialer Access		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	Transaction ID : <b>SE.30162</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 21 / 2020		
Name of Federal Candidate: ROY, CHIP, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">272033.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">172.02</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>i360</b>			<input type="checkbox"/> Memo Item		
Mailing Address P.O. Box 37046			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 01 / 2020		
City Baltimore		State MD	Zip Code 21297-3046		Amount <span style="border: 1px solid black; padding: 2px;">28.48</span>
Purpose of Expenditure Debt Repayment: Dialer Access			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE.30163</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 21 / 2020
Name of Federal Candidate: DAVIS, WENDY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>21</u> State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">272033.94</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>Nebo Media</b>			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 9625			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 20 / 2020		
City Arlington		State VA	Zip Code 22219		Amount <span style="border: 1px solid black; padding: 2px;">348900.00</span>
Purpose of Expenditure Digital Media Production / Digital Media Placement			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE.23332</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 19 / 2020
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">4521076.77</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">348928.48</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item <b>Nebo Media</b>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>PO Box 9625</b>				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">33000.00</div>	
City <b>Arlington</b>		State <b>VA</b>		Zip Code <b>22219</b>	
Purpose of Expenditure <b>Digital Media Production / Digital Media Placement</b>				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: <b>CUNNINGHAM, CAL, , ,</b>				Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">377125.90</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Nebo Media</b>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>PO Box 9625</b>				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">34100.00</div>	
City <b>Arlington</b>		State <b>VA</b>		Zip Code <b>22219</b>	
Purpose of Expenditure <b>Digital Media Production / Digital Media Placement</b>				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: <b>KELLY, MARK, , ,</b>				Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: <b>AZ</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">415573.24</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>				<div style="border: 1px solid black; padding: 2px; text-align: right;">67100.00</div>	
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
<b>(c) TOTAL Independent Expenditures .....</b>				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Gross, Jennifer, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">30</div> <div style="border: 1px solid black; padding: 2px;">2021</div> </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="MM"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="MM"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="DD"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="DD"/></div> <div><input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="YYYY"/></div> <div><input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="YYYY"/></div> </div>	
Full Name of Payee <b>Nebo Media</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address PO Box 9625					<div style="display: flex; justify-content: space-between;"> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="MM"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="MM"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="DD"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="DD"/></div> <div><input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="YYYY"/></div> <div><input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="YYYY"/></div> </div>
City Arlington		State VA	Zip Code 22219	Amount 5000.00	
Purpose of Expenditure Digital Media Production / Digital Media Placement			Category/ Type		Transaction ID : SE.23335
Name of Federal Candidate: BULLOCK, STEVE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Date of Disbursement or Obligation
Calendar Year-To-Date Per Election for Office Sought			73355.30		<div style="display: flex; justify-content: space-between;"> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="MM"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="MM"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="DD"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="DD"/></div> <div><input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="YYYY"/></div> <div><input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="YYYY"/></div> </div>
Name of Federal Candidate: BULLOCK, STEVE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate
			<input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: _____ State: MT
Calendar Year-To-Date Per Election for Office Sought			73355.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
					<input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee <b>Nebo Media</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address PO Box 9625					<div style="display: flex; justify-content: space-between;"> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="MM"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="MM"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="DD"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="DD"/></div> <div><input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="YYYY"/></div> <div><input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="YYYY"/></div> </div>
City Arlington		State VA	Zip Code 22219	Amount 39250.00	
Purpose of Expenditure Digital Media Production / Digital Media Placement			Category/ Type		Transaction ID : SE.23337
Name of Federal Candidate: PETERS, GARY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Date of Disbursement or Obligation
Calendar Year-To-Date Per Election for Office Sought			427033.21		<div style="display: flex; justify-content: space-between;"> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="MM"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="MM"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="DD"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="DD"/></div> <div><input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="YYYY"/></div> <div><input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="YYYY"/></div> </div>
Name of Federal Candidate: PETERS, GARY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate
			<input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: _____ State: MI
Calendar Year-To-Date Per Election for Office Sought			427033.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
					<input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures .....				44250.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures .....					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,			[Electronically Filed]		Date
Signature					<div style="display: flex; justify-content: space-between;"> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="MM"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="MM"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="DD"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="DD"/></div> <div><input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="YYYY"/></div> <div><input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="YYYY"/></div> </div>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 272 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <input type="checkbox"/> Memo Item <b>Nebo Media</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 20 / 2020	
Mailing Address PO Box 9625				Amount <span style="border: 1px solid black; padding: 2px;">28450.00</span>	
City Arlington		State VA		Zip Code 22219	
Purpose of Expenditure Digital Media Production / Digital Media Placement				Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	
Name of Federal Candidate: GREENFIELD, THERESA, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: IA	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">257743.55</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Nebo Media</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 27 / 2020	
Mailing Address PO Box 9625				Amount <span style="border: 1px solid black; padding: 2px;">20000.00</span>	
City Arlington		State VA		Zip Code 22219	
Purpose of Expenditure Digital Media Production / Digital Media Placement				Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	
Name of Federal Candidate: WAGNER, ANN L., , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate    District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MO	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">53830.70</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">48450.00</span>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"></span>	
<b>(c) TOTAL</b> Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature				Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	

[Electronically Filed]



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>	
Full Name of Payee <b>Nebo Media</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address <b>PO Box 9625</b>					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
City <b>Arlington</b>		State <b>VA</b>	Zip Code <b>22219</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20000.00</div>	
Purpose of Expenditure <b>Digital Media Production / Digital Media Placement</b>			Category/Type <div style="border: 1px solid black; padding: 2px;"></div>		Transaction ID : <b>SE.23507</b>
Name of Federal Candidate: <b>SCHUPP, JILL DARLYNE, , ,</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Date of Disbursement or Obligation
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">73830.70</div>		<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>02</b> State: <b>MO</b>
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		2020 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>Nebo Media</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address <b>PO Box 9625</b>					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
City <b>Arlington</b>		State <b>VA</b>	Zip Code <b>22219</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">228000.00</div>	
Purpose of Expenditure <b>Digital Media Production / Digital Media Placement</b>			Category/Type <div style="border: 1px solid black; padding: 2px;"></div>		Transaction ID : <b>SE.23521</b>
Name of Federal Candidate: <b>BIDEN, JOSEPH R JR, , ,</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Date of Disbursement or Obligation
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">5530962.07</div>		<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: _____ State: _____
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		2020 <input type="checkbox"/> Other (specify) ▶
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....</p> <p><b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....</p> <p><b>(c) TOTAL</b> Independent Expenditures .....</p> </div> <div style="width: 35%;"> <div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 10px;">248000.00</div> <div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 10px;"></div> <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>	
Full Name of Payee <b>Person 2 Person</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 10 / 29 / 2020		
Mailing Address 2800 Shirlington Rd			Amount <span style="border: 1px solid black; padding: 2px;">12692.38</span>		
City Arlington		State VA	Zip Code 22206		Transaction ID : <b>SE.23522</b>
Purpose of Expenditure SMS Messaging		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 10 / 29 / 2020	
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5642154.45</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Person 2 Person</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 10 / 29 / 2020		
Mailing Address 2800 Shirlington Rd			Amount <span style="border: 1px solid black; padding: 2px;">439.57</span>		
City Arlington		State VA	Zip Code 22206		Transaction ID : <b>SE.23555</b>
Purpose of Expenditure SMS Messaging		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 10 / 29 / 2020	
Name of Federal Candidate: SCHUPP, JILL DARLYNE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MO</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">74270.27</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">13131.95</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 03 / 30 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>	
Full Name of Payee <b>Person 2 Person</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 11 / 17 / 2020		
Mailing Address 2800 Shirlington Rd			Amount <span style="border: 1px solid black; padding: 2px;">17500.00</span>		
City Arlington		State VA	Zip Code 22206		Transaction ID : <b>SE.23668</b>
Purpose of Expenditure SMS Messaging			Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 11 / 16 / 2020
Name of Federal Candidate: LOEFFLER, KELLY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">17500.00</span>		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶			Special-Runoff		
Full Name of Payee <b>Person 2 Person</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 11 / 17 / 2020		
Mailing Address 2800 Shirlington Rd			Amount <span style="border: 1px solid black; padding: 2px;">17500.00</span>		
City Arlington		State VA	Zip Code 22206		Transaction ID : <b>SE.23670</b>
Purpose of Expenditure SMS Messaging			Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 11 / 16 / 2020
Name of Federal Candidate: PERDUE, DAVID, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">26718.47</span>		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶			Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">35000.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 03 / 30 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Stampede America, LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 19 / 2020	
Mailing Address 4111 Spicewood Springs Rd, Ste. 6			Amount <span style="border: 1px solid black; padding: 2px;">49995.00</span>	
City Austin	State TX	Zip Code 78759	Transaction ID : <b>SE.23677</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 18 / 2020	
Purpose of Expenditure Canvassing		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		
Name of Federal Candidate: LOEFFLER, KELLY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49995.00</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-Runoff</u>	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Stampede America, LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 19 / 2020	
Mailing Address 4111 Spicewood Springs Rd, Ste. 6			Amount <span style="border: 1px solid black; padding: 2px;">49995.00</span>	
City Austin	State TX	Zip Code 78759	Transaction ID : <b>SE.23679</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 18 / 2020	
Purpose of Expenditure Canvassing		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		
Name of Federal Candidate: WARNOCK, RAPHAEL, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49995.00</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-Runoff</u>	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">99990.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>	
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Gross, Jennifer, , , Signature			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 277 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Stampede America, LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 19 / 2020		
Mailing Address 4111 Spicewood Springs Rd, Ste. 6			Amount <span style="border: 1px solid black; padding: 2px;">49995.00</span>		
City Austin		State TX	Zip Code 78759		Transaction ID : <b>SE.23681</b>
Purpose of Expenditure Canvassing			Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 18 / 2020
Name of Federal Candidate: PERDUE, DAVID, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">92813.00</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>		
Full Name of Payee <b>Stampede America, LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 19 / 2020		
Mailing Address 4111 Spicewood Springs Rd, Ste. 6			Amount <span style="border: 1px solid black; padding: 2px;">49995.00</span>		
City Austin		State TX	Zip Code 78759		Transaction ID : <b>SE.23682</b>
Purpose of Expenditure Canvassing			Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 18 / 2020
Name of Federal Candidate: OSSOFF, T. JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">142808.00</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">99990.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 278 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Targeted Creative Communications, Inc.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 106 South Columbus St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">53442.90</div>	
City Alexandria	State VA	Zip Code 22314	<b>Transaction ID : SE.23475</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Production / Printing / Postage			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Targeted Creative Communications, Inc.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 106 South Columbus St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">579.24</div>	
City Alexandria	State VA	Zip Code 22314	<b>Transaction ID : SE.23492</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Production / Printing / Postage			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	54022.14
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M M /

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Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 279 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
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 Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on  /  / 

Full Name of Payee <b>The Lukens Company</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 2800 Shirlington Rd				Amount <input type="text"/>	
City Arlington	State VA	Zip Code 22206		Transaction ID : <b>SE.22104</b>	
Purpose of Expenditure Printing / Production - see schedule B			Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>The Lukens Company</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 2800 Shirlington Rd				Amount <input type="text"/>	
City Arlington	State VA	Zip Code 22206		Transaction ID : <b>SE.22105</b>	
Purpose of Expenditure Printing / Production - see schedule B			Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: BIDEN, JOSEPH R JR., , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 280 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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D D /

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Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15895.69</div>	
City Arlington	State VA	Zip Code 22206	<b>Transaction ID : SE.22123</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Production - see schedule B		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">15895.69</div>	
Name of Federal Candidate: TILLIS, THOM R. SEN., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15895.69</div>	
City Arlington	State VA	Zip Code 22206	<b>Transaction ID : SE.22124</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Production - see Schedule B		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">15895.69</div>	
Name of Federal Candidate: CUNNINGHAM, CAL., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	31791.38
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 281 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 16 / 2020</span> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-left: 10px;">21932.96</span> </div> <b>Transaction ID : SE.22128</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 16 / 2020</span> </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing / Production - see schedule B		Category/ Type <span style="border: 1px solid black; padding: 2px 10px;"> </span>		
Name of Federal Candidate: <span style="float: right;"><input checked="" type="checkbox"/> Support</span> MCSALLY, MARTHA, , , <span style="float: right;"><input type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AZ</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;"><span style="border: 1px solid black; padding: 2px 10px;">358212.02</span></span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 16 / 2020</span> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-left: 10px;">21932.96</span> </div> <b>Transaction ID : SE.22129</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 16 / 2020</span> </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing / Production - see schedule B		Category/ Type <span style="border: 1px solid black; padding: 2px 10px;"> </span>		
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> KELLY, MARK, , , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AZ</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;"><span style="border: 1px solid black; padding: 2px 10px;">380144.98</span></span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	43865.92
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY  
 03 / 30 / 2021

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 282 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>The Lukens Company</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2020		
City Arlington	State VA	Zip Code 22206	Amount <span style="border: 1px solid black; padding: 2px;">1839.39</span>		
Purpose of Expenditure Printing / Production - see schedule B		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE.22133</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2020		
Name of Federal Candidate: DAINES, STEVE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>MT</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">65187.65</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>The Lukens Company</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2020		
City Arlington	State VA	Zip Code 22206	Amount <span style="border: 1px solid black; padding: 2px;">1839.39</span>		
Purpose of Expenditure Printing / Production - see schedule B		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE.22134</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2020		
Name of Federal Candidate: BULLOCK, STEVE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>MT</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">67027.04</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">3678.78</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 283 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
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 Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on  /  / 

Full Name of Payee <b>The Lukens Company</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2800 Shirlington Rd			Amount <input type="text"/> 24526.36 Transaction ID : <b>SE.22139</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Arlington	State VA	Zip Code 22206	
Purpose of Expenditure Printing / Production - see schedule B		Category/ Type <input type="text"/>	
Name of Federal Candidate: JAMES, JOHN, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 361928.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>The Lukens Company</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2800 Shirlington Rd			Amount <input type="text"/> 24526.36 Transaction ID : <b>SE.22140</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Arlington	State VA	Zip Code 22206	
Purpose of Expenditure Printing / Production - see schedule B		Category/ Type <input type="text"/>	
Name of Federal Candidate: PETERS, GARY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 386454.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text"/> 49052.72
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 284 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2020		
Mailing Address 2800 Shirlington Rd			Amount <span style="border: 1px solid black; padding: 2px;">1839.39</span>		
City Arlington		State VA	Zip Code 22206		Transaction ID : <b>SE.22144</b>
Purpose of Expenditure Printing / Production - see schedule B			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2020
Name of Federal Candidate: ROSENDALE, MATT, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 01 State: MT		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3504.11</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2020		
Mailing Address 2800 Shirlington Rd			Amount <span style="border: 1px solid black; padding: 2px;">1839.39</span>		
City Arlington		State VA	Zip Code 22206		Transaction ID : <b>SE.22145</b>
Purpose of Expenditure Printing / Production - see schedule B			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2020
Name of Federal Candidate: WILLIAMS, KATHLEEN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 01 State: MT		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5343.50</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">3678.78</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 285 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1107.38</div>	
City Arlington	State VA	Zip Code 22206	<b>Transaction ID : SE.22157</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Production		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: TRUMP, DONALD J., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; text-align: right;">4171069.39</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">4171069.39</div>	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1107.38</div>	
City Arlington	State VA	Zip Code 22206	<b>Transaction ID : SE.22158</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Production		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: BIDEN, JOSEPH R JR., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; text-align: right;">4172176.77</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">4172176.77</div>	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	2214.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 286 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">16</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>	
Mailing Address 2800 Shirlington Rd				
City Arlington	State VA	Zip Code 22206	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">369.13</div>	
Purpose of Expenditure Printing / Production			Transaction ID : <b>SE.22161</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">16</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>	
Name of Federal Candidate: TILLIS, THOM R. SEN., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">16</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>	
Mailing Address 2800 Shirlington Rd				
City Arlington	State VA	Zip Code 22206	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">369.13</div>	
Purpose of Expenditure Printing / Production			Transaction ID : <b>SE.22169</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">16</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>	
Name of Federal Candidate: CUNNINGHAM, CAL., , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	738.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 287 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">369.13</div>	
City Arlington	State VA	Zip Code 22206	<b>Transaction ID : SE.22173</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Production		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	Name of Federal Candidate: <span style="float: right;"><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</span> MCSALLY, MARTHA, , ,	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">380809.11</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶ District: _____ State: <u>AZ</u>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">369.13</div>	
City Arlington	State VA	Zip Code 22206	<b>Transaction ID : SE.22179</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Production		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</span> KELLY, MARK, , ,	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">381178.24</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶ District: _____ State: <u>AZ</u>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	738.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 288 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>The Lukens Company</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2020		
City Arlington		State VA	Zip Code 22206		Amount <span style="border: 1px solid black; padding: 2px;">369.13</span>
Purpose of Expenditure Printing / Production			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE.22182</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2020
Name of Federal Candidate: DAINES, STEVE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MT</u>
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">67986.17</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>The Lukens Company</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2020		
City Arlington		State VA	Zip Code 22206		Amount <span style="border: 1px solid black; padding: 2px;">369.13</span>
Purpose of Expenditure Printing / Production			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE.22192</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2020
Name of Federal Candidate: BULLOCK, STEVE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MT</u>
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">68355.30</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">738.26</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 289 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 16 / 2020</span> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-left: 10px;">369.13</span> </div> <b>Transaction ID : SE.22201</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 16 / 2020</span> </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing / Production		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		
Name of Federal Candidate: <span style="float: right;"><input checked="" type="checkbox"/> Support</span> JAMES, JOHN, , , <span style="float: right;"><input type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">387414.08</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 16 / 2020</span> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-left: 10px;">369.13</span> </div> <b>Transaction ID : SE.22202</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 16 / 2020</span> </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing / Production		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> PETERS, GARY, , , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">387783.21</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	738.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY  
 03 / 30 / 2021

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 290 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>The Lukens Company</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2020		
City Arlington		State VA	Zip Code 22206		Amount <span style="border: 1px solid black; padding: 2px;">369.13</span>
Purpose of Expenditure Printing / Production			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE.22209</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2020
Name of Federal Candidate: HUNT, WESLEY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">312996.19</span>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2020		
Full Name of Payee <b>The Lukens Company</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2020		
City Arlington		State VA	Zip Code 22206		Amount <span style="border: 1px solid black; padding: 2px;">369.13</span>
Purpose of Expenditure Printing / Production			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE.22210</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2020
Name of Federal Candidate: FLETCHER, ELIZABETH, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">313365.32</span>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2020		
<div style="display: flex; justify-content: space-between;"> <div> <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....         </div> <div style="border: 1px solid black; padding: 5px; text-align: right;">738.26</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....</div> <div style="border: 1px solid black; padding: 5px; text-align: right;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><b>(c) TOTAL</b> Independent Expenditures .....</div> <div style="border: 1px solid black; padding: 5px; text-align: right;"></div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 291 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM/DD/YYYY"/>	
Full Name of Payee <b>The Lukens Company</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 10 / 16 / 2020		
City Arlington	State VA	Zip Code 22206	Amount <input type="text" value="MM/DD/YYYY"/> 369.13		
Purpose of Expenditure Printing / Production		Category/ Type <input type="text" value="MM/DD/YYYY"/>	Transaction ID : <b>SE.22237</b> Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 10 / 16 / 2020		
Name of Federal Candidate: ROY, CHIP, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 21 State: TX		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="MM/DD/YYYY"/> 222304.85			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>The Lukens Company</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 10 / 16 / 2020		
City Arlington	State VA	Zip Code 22206	Amount <input type="text" value="MM/DD/YYYY"/> 369.13		
Purpose of Expenditure Printing / Production		Category/ Type <input type="text" value="MM/DD/YYYY"/>	Transaction ID : <b>SE.22238</b> Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 10 / 16 / 2020		
Name of Federal Candidate: DAVIS, WENDY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 21 State: TX		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="MM/DD/YYYY"/> 222673.98			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<input type="text" value="MM/DD/YYYY"/> 738.26		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<input type="text" value="MM/DD/YYYY"/>		
(c) TOTAL Independent Expenditures .....			<input type="text" value="MM/DD/YYYY"/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date <input type="text" value="MM/DD/YYYY"/> 03 / 30 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 292 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM / DD / YYYY"/>	
Full Name of Payee <b>The Lukens Company</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination <input type="text" value="MM / DD / YYYY"/> 10 / 16 / 2020		
City Arlington	State VA	Zip Code 22206	Amount <input type="text" value="MM / DD / YYYY"/> 369.13		
Purpose of Expenditure Printing / Production		Category/ Type <input type="text" value="MM / DD / YYYY"/>	Transaction ID : <b>SE.22240</b> Date of Disbursement or Obligation <input type="text" value="MM / DD / YYYY"/> 10 / 16 / 2020		
Name of Federal Candidate: NEHLS, TROY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 22 State: TX		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="MM / DD / YYYY"/> 343376.54			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>The Lukens Company</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination <input type="text" value="MM / DD / YYYY"/> 10 / 16 / 2020		
City Arlington	State VA	Zip Code 22206	Amount <input type="text" value="MM / DD / YYYY"/> 369.13		
Purpose of Expenditure Printing / Production		Category/ Type <input type="text" value="MM / DD / YYYY"/>	Transaction ID : <b>SE.22241</b> Date of Disbursement or Obligation <input type="text" value="MM / DD / YYYY"/> 10 / 16 / 2020		
Name of Federal Candidate: KULKARNI, SRI PRESTON, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 22 State: TX		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="MM / DD / YYYY"/> 343745.67			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<input type="text" value="MM / DD / YYYY"/> 738.26		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<input type="text" value="MM / DD / YYYY"/>		
(c) TOTAL Independent Expenditures .....			<input type="text" value="MM / DD / YYYY"/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <input type="text" value="MM / DD / YYYY"/> 03 / 30 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 293 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">369.13</div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing / Production		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Name of Federal Candidate: VAN DUYNE, ELIZABETH ANN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">360783.13</div>				

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">369.13</div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing / Production		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Name of Federal Candidate: VALENZUELA, CANDACE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">361152.26</div>				

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	738.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 294 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">369.13</div>	
City Arlington	State VA	Zip Code 22206	<b>Transaction ID : SE.22245</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Production		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">369.13</div>	
Name of Federal Candidate: COLLINS, GENEVIEVE D, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">369.13</div>	
City Arlington	State VA	Zip Code 22206	<b>Transaction ID : SE.22246</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Production		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">369.13</div>	
Name of Federal Candidate: ALLRED, COLIN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	738.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

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Gross, Jennifer, , ,

[Electronically Filed]

Date

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2021

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 295 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">345882.09</div>	
City Arlington	State VA	Zip Code 22206	<b>Transaction ID : SE.23390</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Production		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> </div>	
Name of Federal Candidate: TRUMP, DONALD J., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">345882.06</div>	
City Arlington	State VA	Zip Code 22206	<b>Transaction ID : SE.23391</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Production		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> </div>	
Name of Federal Candidate: BIDEN, JOSEPH R JR., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">691764.15</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 296 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">23</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>	
Mailing Address 2800 Shirlington Rd				
City Arlington	State VA	Zip Code 22206	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">21943.93</div>	
Purpose of Expenditure Printing / Production			Transaction ID : <b>SE.23411</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>	
Name of Federal Candidate: TILLIS, THOM R. SEN., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►	
<div style="border: 1px solid black; padding: 2px; text-align: right;">399069.83</div>				

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">23</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>	
Mailing Address 2800 Shirlington Rd				
City Arlington	State VA	Zip Code 22206	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">21943.93</div>	
Purpose of Expenditure Printing / Production			Transaction ID : <b>SE.23412</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>	
Name of Federal Candidate: CUNNINGHAM, CAL., , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►	
<div style="border: 1px solid black; padding: 2px; text-align: right;">421013.76</div>				

(a) SUBTOTAL of Itemized Independent Expenditures .....	►	43887.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....	►	
(c) TOTAL Independent Expenditures .....	►	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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2021

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 297 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>The Lukens Company</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 23 / 2020		
City Arlington		State VA	Zip Code 22206		Amount <span style="border: 1px solid black; padding: 2px;">34541.77</span>
Purpose of Expenditure Printing / Production			Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Transaction ID : <b>SE.23413</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 19 / 2020
Name of Federal Candidate: MCSALLY, MARTHA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AZ</b>
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">450115.01</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee <b>The Lukens Company</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 23 / 2020		
City Arlington		State VA	Zip Code 22206		Amount <span style="border: 1px solid black; padding: 2px;">34541.77</span>
Purpose of Expenditure Printing / Production			Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Transaction ID : <b>SE.23414</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 19 / 2020
Name of Federal Candidate: KELLY, MARK, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AZ</b>
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">484656.78</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">69083.54</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"> </span>	
(c) TOTAL Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;"> </span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 298 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3384.17</div>	
City Arlington	State VA	Zip Code 22206	<b>Transaction ID : SE.23416</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Production		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div>	
Name of Federal Candidate: DAINES, STEVE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify)	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3384.17</div>	
City Arlington	State VA	Zip Code 22206	<b>Transaction ID : SE.23417</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Production		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div>	
Name of Federal Candidate: BULLOCK, STEVE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	6768.34
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 299 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 23 / 2020</span> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>25923.58</span> </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing / Production		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE.23418</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 19 / 2020</span> </div>	
Name of Federal Candidate: JAMES, JOHN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 23 / 2020</span> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>25923.58</span> </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing / Production		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE.23419</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 19 / 2020</span> </div>	
Name of Federal Candidate: PETERS, GARY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	51847.16
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY  
 03 / 30 / 2021

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 300 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 23 / 2020</span> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-right: 5px;">3123.85</span> </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing / Production		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE.23444</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 19 / 2020</span> </div>	
Name of Federal Candidate: ROSENDALE, MATT, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MT</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;">8467.35</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 23 / 2020</span> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-right: 5px;">3123.84</span> </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing / Production		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE.23445</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 19 / 2020</span> </div>	
Name of Federal Candidate: WILLIAMS, KATHLEEN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MT</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;">11591.19</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	6247.69
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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 03 / 30 / 2021

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 301 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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M M / D D / Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11395.35</div>	
City Arlington	State VA	Zip Code 22206	<b>Transaction ID : SE.23438</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Production		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: WAGNER, ANN L., , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Lukens Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11395.35</div>	
City Arlington	State VA	Zip Code 22206	<b>Transaction ID : SE.23440</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Production		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: SCHUPP, JILL DARLYNE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	22790.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 302 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Richard Norman Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 113 E Market Street Suite 300			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">29159.68</div>	
City Leesburg	State VA	Zip Code 20176	<b>Transaction ID : SE.23477</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> FLETCHER, ELIZABETH, , , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">345525.00</div>			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Richard Norman Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 113 E Market Street Suite 300			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20324.16</div>	
City Leesburg	State VA	Zip Code 20176	<b>Transaction ID : SE.23478</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> DAVIS, WENDY, , , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">250998.14</div>			Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	49483.84
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 303 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>The Richard Norman Company</b>			<input type="checkbox"/> Memo Item		
Mailing Address 113 E Market Street Suite 300			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 26 / 2020		
City Leesburg		State VA	Zip Code 20176		Amount <span style="border: 1px solid black; padding: 2px;">34668.51</span>
Purpose of Expenditure Printing / Postage			Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Transaction ID : <b>SE.23479</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 19 / 2020
Name of Federal Candidate: KULKARNI, SRI PRESTON, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">387825.08</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>The Richard Norman Company</b>			<input type="checkbox"/> Memo Item		
Mailing Address 113 E Market Street Suite 300			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 26 / 2020		
City Leesburg		State VA	Zip Code 20176		Amount <span style="border: 1px solid black; padding: 2px;">29383.75</span>
Purpose of Expenditure Printing / Postage			Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Transaction ID : <b>SE.23480</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 19 / 2020
Name of Federal Candidate: VALENZUELA, CANDACE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>24</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">398536.01</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">64052.26</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"> </span>	
(c) TOTAL Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;"> </span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 304 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>The Richard Norman Company</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 26 / 2020		
Mailing Address 113 E Market Street Suite 300			Amount <span style="border: 1px solid black; padding: 2px;">20499.30</span>		
City Leesburg		State VA	Zip Code 20176		Transaction ID : <b>SE.23481</b>
Purpose of Expenditure Printing / Postage		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 19 / 2020	
Name of Federal Candidate: ALLRED, COLIN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">235385.19</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>The Richard Norman Company</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 21 / 2020		
Mailing Address 113 E Market Street Suite 300			Amount <span style="border: 1px solid black; padding: 2px;">29768.86</span>		
City Leesburg		State VA	Zip Code 20176		Transaction ID : <b>SE.23367</b>
Purpose of Expenditure Printing / Postage - see schedule B		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 21 / 2020	
Name of Federal Candidate: FLETCHER, ELIZABETH, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">375293.86</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">50268.16</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 305 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Richard Norman Company</b>	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>
Mailing Address 113 E Market Street Suite 300	Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">20748.74</div>
City Leesburg State VA Zip Code 20176	<b>Transaction ID : SE.23368</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>
Purpose of Expenditure Printing / Postage - see schedule B	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> DAVIS, WENDY, , , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>	Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">272033.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Richard Norman Company</b>	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>
Mailing Address 113 E Market Street Suite 300	Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">35392.73</div>
City Leesburg State VA Zip Code 20176	<b>Transaction ID : SE.23369</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>
Purpose of Expenditure Printing / Postage - see schedule B	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> KULKARNI, SRI PRESTON, , , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>	Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">423217.81</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">56141.47</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 306 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Richard Norman Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 113 E Market Street Suite 300			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">29997.58</div>	
City Leesburg	State VA	Zip Code 20176	<b>Transaction ID : SE.23370</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Postage - see schedule B		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> VALENZUELA, CANDACE, , , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">428533.59</div>			Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Richard Norman Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 113 E Market Street Suite 300			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20927.53</div>	
City Leesburg	State VA	Zip Code 20176	<b>Transaction ID : SE.23371</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Postage - see schedule B		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> ALLRED, COLIN, , , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">256312.72</div>			Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	50925.11
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 307 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Tradewinds Consulting, Inc.</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 17 / 2020		
Mailing Address 21850 Inglewood Ct.			Amount <span style="border: 1px solid black; padding: 2px;">16099.53</span>		
City Ashburn	State VA	Zip Code 20148	Transaction ID : <b>SE.23669</b>		
Purpose of Expenditure Printing / Production / Postage		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 17 / 2020		
Name of Federal Candidate: LOEFFLER, KELLY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">16099.53</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-Runoff</u>		
Full Name of Payee <b>Tradewinds Consulting, Inc.</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 17 / 2020		
Mailing Address 21850 Inglewood Ct.			Amount <span style="border: 1px solid black; padding: 2px;">16099.53</span>		
City Ashburn	State VA	Zip Code 20148	Transaction ID : <b>SE.23671</b>		
Purpose of Expenditure Printing / Production / Postage		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 17 / 2020		
Name of Federal Candidate: PERDUE, DAVID, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">42818.00</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">32199.06</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 308 OF 308  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>	
Full Name of Payee <b>Usio, Inc.</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>
Mailing Address <b>3611 Paesanos Pkwy, Suite 300</b>			Amount <input style="width: 100px; border: 1px solid black;" type="text" value="850.00"/>		Transaction ID : <b>SE.23392</b>
City <b>San Antonio</b>		State <b>TX</b>	Zip Code <b>78213</b>	Date of Disbursement or Obligation <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>	
Purpose of Expenditure <b>Canvassing</b>			Category/ Type <input style="width: 50px; border: 1px solid black;" type="text" value=""/>		
Name of Federal Candidate: <b>TRUMP, DONALD J., , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input style="width: 150px; border: 1px solid black;" type="text" value="5213690.92"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Usio, Inc.</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>
Mailing Address <b>3611 Paesanos Pkwy, Suite 300</b>			Amount <input style="width: 100px; border: 1px solid black;" type="text" value="850.00"/>		Transaction ID : <b>SE.23394</b>
City <b>San Antonio</b>		State <b>TX</b>	Zip Code <b>78213</b>	Date of Disbursement or Obligation <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>	
Purpose of Expenditure <b>Canvassing</b>			Category/ Type <input style="width: 50px; border: 1px solid black;" type="text" value=""/>		
Name of Federal Candidate: <b>BIDEN, JOSEPH R JR., , ,</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input style="width: 150px; border: 1px solid black;" type="text" value="5214540.92"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....				<input style="width: 100px; border: 1px solid black;" type="text" value="1700.00"/>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<input style="width: 100px; border: 1px solid black;" type="text" value=""/>	
(c) TOTAL Independent Expenditures .....				<input style="width: 100px; border: 1px solid black;" type="text" value="3555465.23"/>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		Date <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>